FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

05

2a. DATE OF DEATH

2b HOUR 11 · 150M

MONTH

YE AR 85

6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

CHARLES COUNTY

12h KIND OF BUSINESS OR

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Maker At Home

13e STREET ADDRESS / ZIP CODE

13d INSIDE CITY LIMITS? FIRST

JULIA

17 INFORMANT

DIVORCED

ROUTE 15 MOTHER'S MAIDEN NAME

BOX

20646 LAST

MIDDLE RODGERS

Henry B. Albrittain, La

Box 1041 Plata. Md. 20646

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

70b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION

CITY OF TOWN

COUNTY STATE

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

22e ADDRESS

DEGREE

PHYSICIANT DIRECTOR PHYSICIAN

STAFF

CHARLES PORFESSIONAL BLDG 23c. NAME OF CEMETERY OR CREMATORY

MEDICAL

Charles Md

24 FUNERAL DIRECTOR

AREHART FUNERAL HOME, INC., La Plata, Md,

Plata La 250. DATE REC'D. BY REGISTRAN 25b. REGISTRAR'S SIGNATURE

ATTENDING

DHMH - 16 60M 7/84 (VRA 15, 4)

ARANGE AND THE THE ALL HE THE THE PERSON OF THE PERSON DESIGNATION.

| 1 | FOR STATE REGISTRAR | | | DEPART | MENT OF | E OF MARYLAND HEALTH AND MENTAL HYO TICATE OF DEATH | | 5 (| 5 | 5 0 |
|---------------|--|---------------------|-------------------------|--|--------------|---|--------------------|-------------------------|------------------------|----------------------|
| | DECEASED NAME | FIRST | | AIDDLE | | AST | 20. DATE OF DE | | DAY YEAR | 2b. HOUR 3:28 P.1 |
| | | Glady | | izabet | h | Ra11 | 107 - 1 | | - | 28 P |
| 3. | SEX | 4 | RACE | | 5. DATE (| or ontitie | 6 AGE THINKS | HARRINAY) I C | 1 1985R | IF UNDER 24 HRS |
| 1 | female | | Caucas | ion | MONI | | 76 | une | MONTHS DAYS | HOURS MIN. |
| 7a. | BIRTHPLACE ISTATE O | R FOREIGN 71 | | WHAT COUNTRY? | lan | uary 9,1909 | 9 76 | YRS CITY OR COUNTY | COEDEATH | |
| | COUNTRY) | | | | MARRIE | D NEVER MARRIED | | _ | | |
| V | /irginia | | U.S.A. | | WIDOW | | Charle | es County | Z, | MD. |
| 100 | LaPlata | ATH 1 | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET SICIANS | ADDRESS) | orial Hospi | _ | MOST OF WORKING LI | EE) INDUSTRY | l Sales |
| 130 | SUAL RESIDENCE (IF NU STATE Maryland | 13b COUNT Charle | Y | GIVE RESIDENCE BEFOR 13c. CITY OR TOW Waldor | E ADMISSION) | 13d INSIDE CITY LIMITS? | | niversity | y Drive | (20601) |
| 14. | FATHER'S NAME | 1 | | | | 15. MOTHER'S MAIDEN NA | | | | |
| - | FIRST | | DOLE | LAST | | FIRST | | DDLE | LAS | 7 |
| _ | rank Hartm | | | | | Sally H | | | | |
| 160 | WAS DECEASED EVE | | ED FORCES? | 16b. SOCIAL SECU | JRITY NO. | 17 INFORMANT | | ADDRESS | | |
| | No | N/A | WAR OR DATES | 261-28- | 5135 | Theresa M. | Baker - 9 | Same As : | #13 A-E | |
| | Conditions, if an gave rise to in cause (a), stat underlying caus | nmediate ing the | DUE TO, OI | R AS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C | ENCE OF | filerillako | m rl | | | |
| | PART 2 OTHER SIG | NIFICANT CO | NDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT BELATED TO THE TERA | AINAL DISEASE OF | CONDITION CA | (EA) (NI DADY 1 | |
| NO | | piralm | 1:01. | | reme, | Repol failer | | amua | Spleeni | 1 |
| CERTIFICATION | 190 DATE OF OPER | ATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | YES AUTOPSY | IN CERTIF | S, WERE FINDING CAUSES | |
| | The Course of the Course | CAUSE OF DEATH | 21b. TIME O HOUR A./ | M. MONTH D. | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM 18. F | PART I OR PART 2) | |
| MEDICAL | 21d. INJURY OCCUI | VHILE | 21e PLACE (| OF INJURY EET FACTORY, OFFICE, E | FARM, ETC.) | 211 LOCATION STREET | CIT | Y OR TOWN | COUNTY | STATE |
| | 270. I certify that (sow the decea above, (I) (we) 27b. SIGNATURE | sed alive an_ | 2-10 | - 10 8 | | nd that in (my) (our) apinion DEGREE | | | | |
| | | WOI | gth | | | M'D - ATTENDING PHYSICIAN E | MEDICAL DIRECTOR F | STAFF PHYSICIAN [| 0// | 8 185 |

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumotic event, th

230 BURIAL, CREMATION, REMOVAL ISPECIEV)
Burial Feb

Dr. G. Rath

231 NAME OF CEMETERY OR CREMATORY

120 ADDRESS

Charles

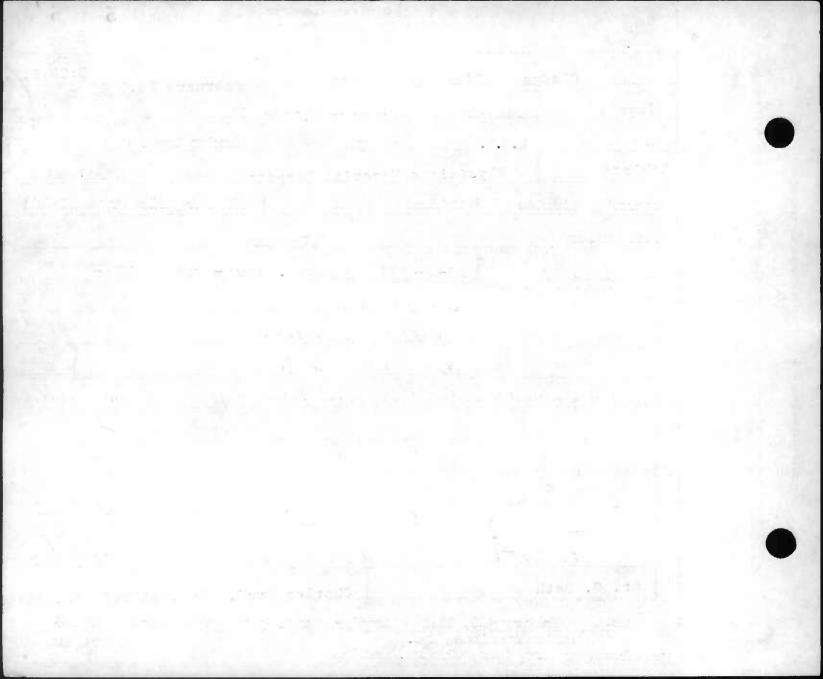
Falls Church, Virginia

Burial February 20, 1985 National Memorial Park

24 FUNERAL DIRECTOR Lee Funeral Home, ADDRESS. 250. DATE RECO. E

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Old Alexander Ferry Road, Clinton, Maryland



BP______ DHMH - 16 50M 4/82 (VRA 15, 4)

| | 1 - | FOR STATE REGISTRAR | | | DEPARTM | NENT OF H | E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH | YGIENE 8 S | 0 5 | j 5 l |
|-----|--------------|---|---------------------------|-----------------------------------|------------------------------|-----------|---|---|---------------|---|
| | | CEASED NAME OR PRINTI | FIRST | | Tda | BLA | uken ship | 168.6, 2 | 6 8 | 20.1100% |
| | 3. SE) F€ | emale | | Caucas | ian | 5. DATE C | 23-1915 YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS D. | |
| 5 | W | RTHPLACE (STATE OR FO COUNTRY) EST Virgi | nia | USA | WHAT COUNTRY? | WIDOWE | | h BALTIMORE CITY OR COL | | MD. |
| 0 | La | TY OR TOWN OF DEA | | Charle | S Count | y Nu | rother institution rsing Home | Propellant | lech 12b. Kin | J.S.Gov"t |
| 9 | 130 S Ma | at residence (# NURSI STATE aryland | Chai | TOTHER INSTITUTION. | Bryans | | 13d. INSIDE CITY LIMITS? | Rt. I, Box | 112, 2 | 20616 |
| 0 | | illiäm | | B. | Belche | | Minnie Minnie | Helen | | Duncan |
| / | No. V | VAS DECEASED EVER I | | MED FORCES? /E WAR OR DATES) | 578-36- | | | Box 127-Appresswa Blankenship, | SR. F | |
| 7 | IFICATION | Conditions, if ony, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT | lediate g the lost. | DUE TO, OF | ONTRIBUTING TO D | CA PUI | CL NOKE A DO THE TE | | GIVEN IN PAR | |
| 1 | CAL CERT | 21a. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DE | 21b. TIME O HOUR A./ | FINJURY M. MONTH DA M. | | | YES NO URRED (ENTER NATURE OF INJURY IN ITE | YES 🗌 | NO 🗆 |
| | MEDI | 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK | ILE | | EET, FACTORY, OFFICE, FA | 1 | 21f. LOCATION STREET | CITY OR TOWN | COUNT | Y STATE |
| / | C | 22a. I certify that (I) sow the decease obove, (I) (we) Id 77b. SIGNATURE 27d. PHYSICIAN'S NA | d olive on id) (did no | of view the body 2 A OR PRINT) | 3 19.8 | en . | DEGREE ATTENDING PHYSICIAN 22. ADDRESS B 33 | | n. 0 | D., that (I) (we) lost to the causes stated DATE SIGNED TO GO TO THE COURT OF THE |
| - 1 | - 1 | BURIAL, CREMATION, I SPECIFY) | | | 23c N | NAME OF C | Mem. Gdn | CITY OR TOWN | Charles | s, Md. |
| | 24 FL | UNERAL DIRECTOR NAME UNTT Fune | ral | | ADDRESS | | 25a. C | DATE REC'D. BY REGISTRARIZSIA RE | a Davidson | MATURE |

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| VCICIAN. The low conjugations that the death continues in accounted within 24 hours often death. Earned month | ding physicion. | is certificate has been signed by the attending physican and completing filled in by Jer Tangol director, page busiol-transit permit. Then please remove corbon pagent. Fages, 1 and 2 should be filled better. Those after de | Mental Hygiene prior to burial, cremation, or removal |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 7h HOUR LITYPE OR PRINT Female 10:16 PM Bowman 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH YEAR Black 6 85 Female A BIRTHBEACE (STATE DE YOVE ON THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | Charles County M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY La Plata Physicians Memorial Hospital USUAL RESIDENCE IF MIREPO H OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES T NO T A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIND F LAST FIRST MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT ITES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse prine for (o), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOF 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC] STREET CITY OF LOWN AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on subvey. It (see (did) did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DATE SIGNED ATTENDING. MEDIC AT PHYSICIAN X DIRECTOR PHYSICIAN ATT PHYSICIANE NAME (11H OF PRIVI 938 La Plata, Maryland Maria L. Del Rosario M.D. P.O. Box The BLATAL CREMATION REMOVAL 73r. NAME OF CEMETERY OF CREMATORY TH LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

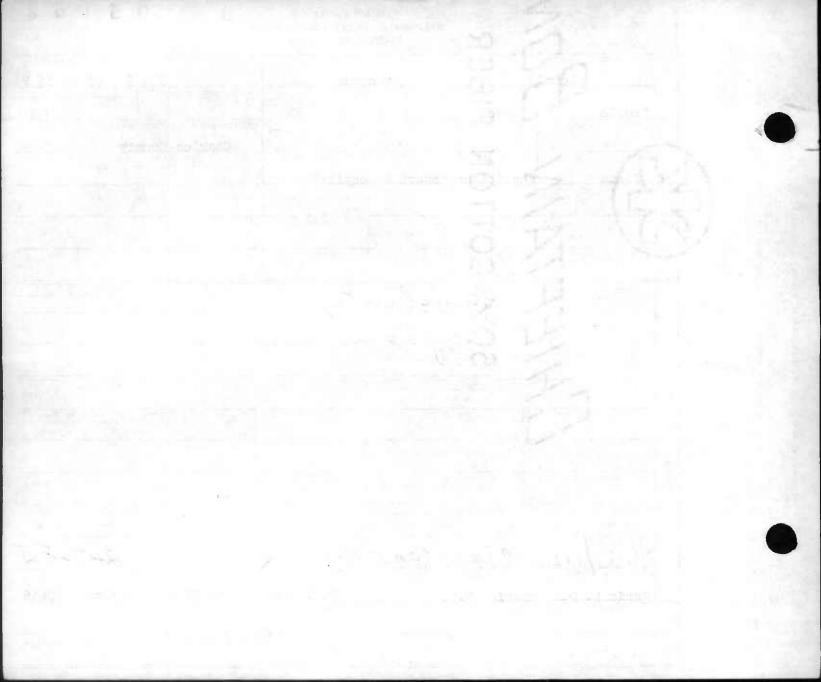
DRITANT

SPECIFIE

24 FUNERAL DIRECTOR

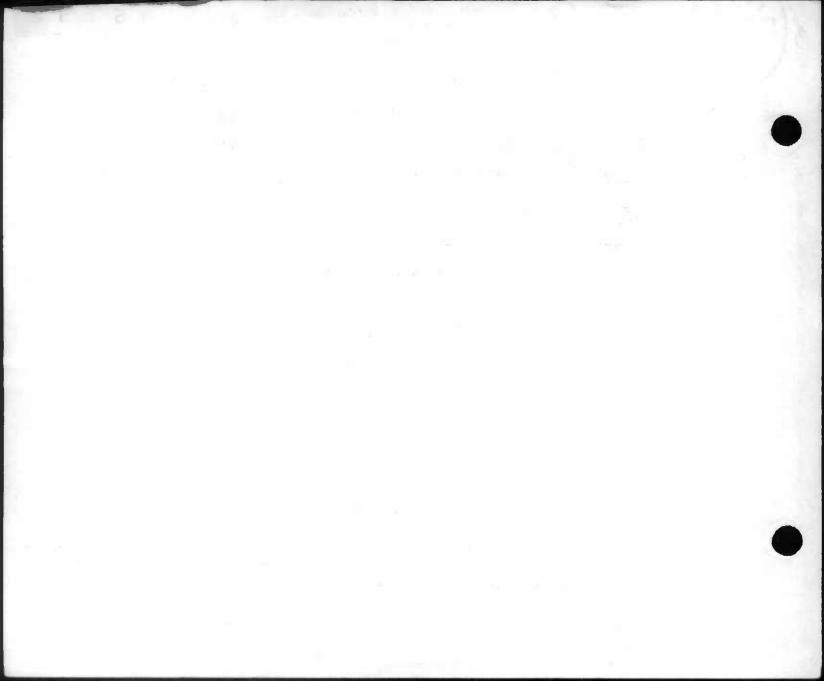
THE GUETRARY SIGNAL

CITY OF FOWN



| TOTAL STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | REG. NO. 05/53 |
|--|---|
| I. DECEASED NAME FIRST MIDDLE LAST 20 DATE O | OF DEATH MONTH DAY YEAR 26 HOUR |
| DANIEL W. BROWN | 2 15 1985 8:21 |
| MALE BLACK MONTH DAY YEAR | YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 STATE OR FOREIGN 79. BALTIMO | 2 YRS. |
| | ORE CITY OR COUNTY OF DEATH |
| Maryland United States WIDOWED DNORCED CHA | RLES |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL | RK FOR MOST OF WORKING LIFE) INDUSTRY |
| (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LA PLATA PHYSICIANS MEMORIAL HOSPITAL Carps Subject to the investing home or other institution, give residence before Admission) | enter's Hel. Private |
| 130 STATE 130 COUNTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET | ADDRESS / ZIP CODE |
| | ak Manor / 20601 |
| FIRST MIDDLE LAST | MIDDLE LAST |
| Robert Brown Gracie | Wells |
| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT | ADDRESS |
| 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 216-12-4677 Dorothy H. Brown | Waldorf, Maryland 20601 |
| 18 CAUSE OF DEATH (Enter only one couse per line for (d), (b), on (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | MAPPROXIMATE INTERVAL BE WEEN ONSET AND DEATH |
| DUE TO OR S A CONSEQUENCE OF | |
| Conditions, if ony, which gove rise to immediate | |
| couse (o1), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost | Lune! |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO HATH BUT NOT RELATED TO THE TERMINAL DISEAS | SE OR CONDITION GIVEN IN PART 110 |
| 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO YES 210 ACCIDENT WAS UNDERLYING 210 TIME OF INJURY | OPSY2 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| ¥ES ☐ | NO YES NO |
| YES | NATURE OF INJURY IN ITEM IB PART I OR PART 2) |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR USE TO BE CONTRIBUTING ALEXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21l LOCATION | |
| THE PROPERTY OF THE PROPERTY O | CITY OR TOWN COUNTY STATE |
| 21d. INJURY OCCURRED STREET STREET STREET STREET STREET STREET | CHYORIOWA COURT STATE |
| 220.1 certify that (I) (this haspital) attended the deceased from 19 8 , 19 , to | 2 5 19 85 tho (I) (we) lo |
| Fig. 5 4 0 0 | ed on the date and hour and from the causes stated |
| 22b SIGNATURE DEGREE | 22c DATE SIGNED |
| ATTENDING MEDICAL PHYSICIAN DIRECTOR | STAFF PHYSICIAN 2 16 85 |
| THE NORM OF CENTER OF CENT | vnl 20646 |
| | |
| (SPECIFY) | ewburg Charles Md. |
| DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR Thorriton Funeral Home ADDRESS Pomonkey, Md C 108 | REGISTRAR 256. REGISTRAR'S SIGNATURE |

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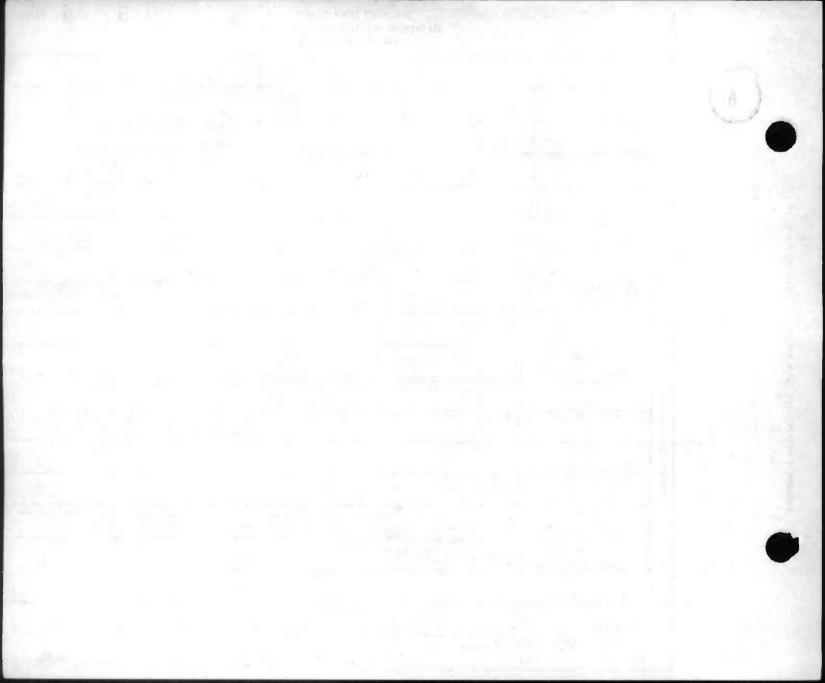


STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | CERTI | ICAIL OI D | LATH | REG. NO. | | | | |
|----|---------------|--|--|----------------------------------|----------------|---|--|--------------|-------------------|-------------|---------|
| | | CEASED NAME FIRST | WIDDLE | | LAST | | 20 DATE OF DEATH MO | NTH | DAY YEAR | 26 HOUR | R |
| | Ellec | Patman | W | B | vers | | February | 22, | 1985 | 0915 | |
| | 3.5E) | X | 4 RACE | S. DATE | OF BIRTH | YEAR | 6 AGE (IN YEARS LAST BIRTHDA | (Y) | MONTHS DAYS | HOURS | 24 HRS |
| | | Male | Caucasian | 05 | 15 | 31 | 53 | YRS | MOINTING BATTO | | |
| 9 | | RTHPLACE JULIEU OF FOREIGH | 76 CITIZEN OF WHAT | COUNTRY? 8 | D NEVER A | AARRIED [| 9 BALTIMORE CITY OR | OUNTY | OF DEATH | | |
| 1 | | SAS-MIT | U.S. | WIDOW | ED DI | VORCED | Charles Cou | | | | M |
| 0 | 10. CI | ITY OF TOWN OF DEATH | 11. NAME OF HOSPIT | | OR OTHER INST | ITUTION | 12a USUAL OCCUPATION | | | OF BUSINES | 55 OR |
| 5 | In | dian Head | NOS Branch | | linic_ | | Logistic Sup | port | Civil | Serv | ice |
| 5 | | AL RESIDENCE (IF NURSING HOME C | | TY OR TOWN | 113d. INSIDE C | ITY LIMITS? | 13e STREET ADDRESS | | | 900 | 20 |
| J | Vi | rginia Arli | ington | | YES 🔀 | NO 🗌 | 6519 North 3 | 6th | Street | 111 | 1 |
| - | 14. FA | ATHER'S NAME | MIDDLE | LAST | | MAIDEN NA | WE | | LA | 51 | |
| d | l | | - 10 Tel 100 | Byers | | ell | Viola | | | itson | |
| | Ida V | WAS DECEASED EVER IN U.S. AT | RMED FORCEST 166 SC | OCIAL SECURITY NO. | 17 INFORMA | NT | ADDRESS | | | | |
| Ś | | | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN | -32-7569 | Health | Record | l/Civilian Pe | rsor | nel | | |
| | | 18 CAUSE OF DEATH (Enter o | nly ane cause per line far | r (a), (b), and (c) | | | | | BETWEEN | ONSET AND | VAL |
| | | PART I. DEATH WAS CAUS | TE CAUSE (a) Mas | ssive Myoc | ardial | Infarct | ion | | 0824 | -0915 | |
| | | | | CONSEQUENCE OF | | | | | | | |
| | | Conditions, if any, which | (b) | | | | | | | 100 | |
| | 1 | gave rise to immediate | DUE TO OR AS A | CONSEQUENCE OF | | | | | | | |
| | | underlying couse lost. | DOL TO, OK AS A | CONSECUTIVE | | | | | | | |
| | 38 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BU | T NOT RELATED | TO THE TERM | INAL DISEASE OR CONDIT | ION GIV | EN IN PART 1 | a) | |
| | Ž. | Diabetes | | | | | | | | | |
| 0 | 13 | 14s DATE OF OPERATION | 196 CONDITION F | OR WHICH OPERATIO | ON WAS PERFO | RMED | | | S, WERE FIND! | | |
| 7 | CERTIFICATION | | | | | | YES NO | | s 🗌 | NO [| |
| 5 | 18 | 21n. ACCIDENT WAS UNDERLYING. | 110011D A AA AA | | | JURY OCCUR | RED (ENTER NATURE OF INJURY IN | 1 ITEM 18, F | PART 1 OR PART 2) | | |
| g. | 3 | OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTIFY MEDICAL EXAMINE | ORI 19 | 19 | | | | | | 100 | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJ | URY TORY, OFFICE, FARM, ETC.) | 21f LOCATIO | N | CITY OR TOWN | | COUNTY | STA | ATE |
| | 2 | AT WORK | (Al Home, State), Fac | TORT, OFFICE, TRANS, ETC.; | | | | | | | |
| | | 22u.1 certify that the this hosp | oital) attended the deced | ased fram 0825 | 22 FEB | _, 19_ 85 | | 9191 | 319_85 | that (I) (w | ve) las |
| | | above Ill swerreith telid o | 12 JUNE / | 19 84 , c | | (aur) apinian | death occurred an the date | and hav | or and fram the | causes sta | ited |
| | | THE SIGNATURE | | *WEGRON-RI | DEGREE | | | | 22c. DATE | SIGNED | |
| | 1 | 100 | 120 | R MC USN | - / | ATTENDING PHYSICIAN 5 | MEDICAL STAFF DIRECTOR PHYSICIA | N | 22 1 | FEB 8 | 5 |
| | | THE PHYSICIAN'S NAME (TYPE | OR PRINT) | 52-2916 | 22e ADDRES | S | | | | | |
| | | L. A. Rivera | , CDR, MC, I | USN | Bran | ch Medi | cal Clinic, | NOS | | | |
| - | 23a. I | BURIAL, CREMATION, REMOVA | | | CEMETERY OR | | 23d. LOCATION | | COLUMN | STA | 75 |
| | (| Burial | Feb. 25, 198 | R5 Nation | al Memor | rial Pa | rk Falls C | hurc | h Viro | inia | ng. |
| | 74 F | UNERAL DIRECTOR | alem (| ADDRESS 3901 N | Fairfa | D 250 DAT | E REC'D. BY REGISTRAR 25 | REGIS | TRAR'S SIGNA | TURE | - |
| | | Arlington Fune | al Home | Arlingto | | | 3271985 | dial | Javidson-7 | Pandelle | - |
| | 100 | | | | 7 | J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the s | | | | _ |

DHMH - 16 50M 1/76 (VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or ottending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and ci should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

FOR 1 - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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| REGISTRAR | | | | CERTIFI | CATE OF | DEATH | RF | G. NO. | | | | |
|--|---------------------|-------------------------------|-----------------------------|--------------------|---------------|-------------|---------------------|-------------------|------------|------------|----------------------|---------|
| I. DECEASED NAME | FIRST | | MIDDLE | LA | AST | | 2a DATE OF DEA | | DAY | YEAR | 26 HOUR | ₹ |
| (TYPE OR PRINT) | Franc | is | Kirby | Ca | arpente | er | | 02 | 18 | 85 | 5:07 | PM |
| 3 SEX | 1 | I. RACE | 1 | 5. DATE O | | 45.00 | 6. AGE (IN YEARS L | AST BIRTHDAY) | MONIH | DER I YEAR | IF UNDER 2 | 24 HRS |
| Male | | White | | \$5 | 18 | øir | 83 | YR: | | DATS | HOOKS | MIN. |
| 76 BIRTHPLACE STATE | OR FOREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | MARRIED WIDOWEI | | MARRIED D | 9 BALTIMORE CI | | ITY OF D | EATH | | 440 |
| 10 CITY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | NG HOME O | | | 12a. USUAL OCCU | PATION | | | F BUSINES | SS OR |
| La Plata | | Physic: | ians Memo | rial I | Hospita | a1 | Brick | Masov | G LIFE) IN | BUI | Lain | govt |
| USUAL RESIDENCE IF N 130. STATE Maryland | 13b COUNT | TY | 13c. CITY OR TOW Newburg | /N 1 | 13d. INSIDE (| NO 🔀 | 13. STREET ADDR | Box1 | 71 | 20 | 664 | 1 |
| 14. FATHER'S NAME | | | Newburg | - |] | S MAIDEN NA | | DOXI | / 1 | 6 | 7004 | |
| John | Wes | ley (| arpent | er | 11 | ary | Fleand | / | Pri | nd. | er | |
| (YES, NO OR UNKNOWN) | | MED FORICES? WAR OR DATES) | 218.38. | 8579 | WIFE | 1/10 | 11 | 1 7 | ame | ASI | #13 | |
| 18. CAUSE OF DE | ATH (Enter only | y one couse per | line for (o), (b), on | id (c).) | 11. | P | 0. 0 | | | APPROX | MATE INTERV | EA7H |
| | | CAUSE (a) | Irve | UEVE | able | and | diae W | vert | - | - | up. | _ |
| | | DUE TO, O | RASACONSEOU | ENCE OF | | . 0 | Collars | are. | | 21 | fur | 1 . |
| Conditions, if a | immediote | (b) | Pallo | nay | - near | 24 | | ~ A | + | - make de | Jan J | THU |
| couse (o), st underlying co | oting the use lost. | DUE TO, O | RAS CONSEQU | ENCE OF | - 100 | 08- | · inti | then | | 3 | Sano | , |
| PART 2 OTHER S | IGNIFICANT C | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR | CONDITION | GIVEN IN | PART 1 | | |
| | | | | | | | | | | | | |
| 19a DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | OPERATION | WAS PERF | DRMED | 200 AUTOPSY? | IN CER | | | NGS USED OF DEATH | H? |
| 210 ACCIDENT WAS | UNDERLYING | 216. TIME C | | | 21c. HOW IN | NJURY OCCUR | RED (ENTER NATURE C | | | ORPART 2) | | |
| 00.000.000.00.000.00 | | n . | M. MONTH D | AY YEAR | | | | | | | | |
| OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC | | 21e. PLACE | OF INJURY | | 211 LOCATI | ON | | ORTOWN | - | OUNTY | | ATE |
| ANUTE NO | T WHILE | (AT HOME, SI | REET, FACTORY, OFFICE | FARM, ETC) | STREE | | CIIY | ORTOWN | | 001411 | 31 | AIE |
| 22a.1 certify that | | ol) oftended th | ne deceased from_ | Ch | 21 22 | 19.50 | | et 18 | 19.5 | 5 | that (I) _(w | reflast |
| saw the dec | eosed alive on a | 02118 | ofter death | , on | d that in (my | Low opinion | deoth occurred on | the date and l | hour and | from the | causes sta | ted |
| 276. SIGNATURE | c/ (did) (did ilos | , view the body | A. | . 4 . \ | DEGREE | | | 19.0 | | 22c. DATE | SIGNED | -7 |
| | Din | 7/1/ | ty. | MD | | PHYSICIAN | MEDICAL PI | STAFF HYSICIAN | | 92. | 18.8 | 5 |
| MAPHYSICIANS | NAME (TYPE OR | PRINT) | | | 22e ADDRE | SS | | 1-1 | | 1 | - 1 - 1 | |
| Arthu | c 0. Woo | oddy | | | Jarw | ood Cli | nic La | Plata, | Mary | 1and | 1 20 | 646 |
| 23a. BURIAL, CREMATIC | ON, REMOVAL | 23b. DATE | | NAME OF C | EMETERY OR | CREMATORY | 23d LOCATION | | 200 | AlTy | | ATE |
| (SPECIFY) Bur | ial | 2-21 | -85 St | . Igr | natius | s Cem. | | lton | Cha | NTY | | ld - |
| 24 FUNERAL DIRECTOR | ? | | ADDRESS | | | 25 -C AT | | RAR 2510 REC | ISTRAR'S | SIGNAT | | |
| Arehart | Funera | 1 Hom | e, Inc. | La Pl | ata.N | 1d | - 100 | Juna | David | 1301/ f | onde | h ' |

DHMH - 16 50M 4/82 (VRA 15, 4)

in by the funeral director, page 3 e filed within 72 hours after death

death. Page 4 may be

Burdan 2-25-25 Indicate and Indicate In Figure was call by a lag. La Histo. Md.

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 5 | 0 | 5 | - | 5 | 6 |
|---|---|---|---|---|---|---|
| _ | | - | | | | |

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. N | 10. | | | |
|---------------|---|----------------------|--------------------------|--------------|------------------------------|-----------------|------------------|-------------|----------------|---------|-----------------------------------|
| | DECEASED NAME FIRST | | MIDDLE | | LAST | 20 DATE C | OF DEATH | | DAY Y | E AR | 2b HOUR |
| 1 | Joseph | Lemue | el | Co | oksey | Feb. | 18, | 198 | 5 | | 10:22P |
| 3. 5 | SEX | 4 RACE | | 5. DATE O | | 6 AGE IN | YEARS LAST BI | RTHDAY) | IF UNDER | | IF UNDER 24 HRS |
| | Male | Cauca | sian | June | | 63 | | YRS | MONTHS | DATS | HOURS MIN |
| 70 | BIRTHPLACE I STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIM | ORE CITY O | | Y OF DEA | TH | |
| М | arvland | U.S. | Δ | WIDOWI | D LENEVER MARRIED L | CI CI | narle | 28 | | | MD. |
| | CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME | OR OTHER INSTITUTION | | OCCUPAT | | | | F BUSINESS OR |
| I | La Plata | Physic | ians Me | Mori | al Hospital | | rvis(| | | | Gov't. |
| | UAL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | - | joupe | | | | ه ی | GOV C. |
| | STATE 13b CO | | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | | ADDRESS nkins | | | 20 | 0640 |
| | FATHER'S NAME | arles | Indian I | lead | 15. MOTHER'S MAIDEN N | | IIVTIIS | 5 DI. | rve | 20 | 7040 |
| 100 | FIRST 17 | MIDDLE | Caalcaa | | FIRST | т. | MIDDLE | | | LAS | 1 |
| | homas V: | ivian | Cookses | | | | eane | | 1 | Tur | phy |
| | LYES NO OR UNKNOWNS I LIE YES | GIVE WAR OR DATES) | 100 SOCIAL SECO | KIII NO. | SPC | USE | ADDK | 233 | | | |
| 13 | Yes | WW2 | 217-14- | <u>-789'</u> | Thelma L. | Cook | sey, | Same | as. | Li | ne 13 |
| | 18 CAUSE OF DEATH (Enter | anly ane cause per | | | | | | | BET | WEEN (| IMATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS CAU | ATE CAUSE (a) | Acute My | ocar | dial Infarcti | lon | | | | | |
| | | DUE TO O | P AS A CONSEQUE | NCE OF | | | | | | | |
| | Conditions, if any, which | (b) | Ischemic | Car | diomyopathy | | | | | 3 | Years |
| 1 | gove rise to immediate couse (a), stoting the |) | | | | | | | | | |
| 1 | underlying cause last | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | |
| | PART 2 OTHER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT BELATED TO THE TER | DAAINIAI DIEE A | SE OR CON | IDITIONIC | D/E NI IN I DA | .07.1 | |
| Z | | I CONDITIONS C | ONTRIBUTING TO I | JEATH BUT | NOT KELATED TO THE TER | WINAL DISEA | SE OR CON | DINONG | INCIA IIA FA | IKI IIC | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AU | OPSY? | | ES, WERE F | | |
| 1 2 | | | | | | VES 🗆 | NOIX | | IFYING CA | USES | OF DEATH? |
| - 12 | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME C | OF INJURY | | 21c. HOW INJURY OCCU | IRRED (ENTER P | | | | ART 21 | |
| | | DEATH HOUR A | M. MONTH DA | | | | | | | | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE | | M. OF INJURY | 19 | 211. LOCATION | | | | _ | | |
| Ä | WHILE NOT WHILE | | REET, FACTORY, OFFICE, F | ARM, ETC] | STREET | | CITY OR TO | NWC | COUN | 114 | STATE |
| | MHILE NOT WHILE AT WORK | | | 2/ | 27/82 | | /18/8 | 5 | | | |
| | 170.1 certify that (I) (this has | | | - | | , ta | / = - / - | - | . 19 | | that (I) (we) last |
| Н | saw the personal alive above, (b (we) stid) (die | on 2/11/85 | after death. | , 0 | nd that in (my) (our) opinio | n death occur | red on the d | lote and ha | our and tro | m the | couses stated |
| | 27% SIGNATURE | //1. N | 1 110 | | DEGREE | | | | 226. | DATE | SIGNED |
| 1 | VIVAN V. | mugh | W/M) | | ATTENDING | MEDICAL DIRECTO | R PHYSE | CIAN | 2 | /19 | 9/85 |
| 1 | 224. PHYSICIAN'S NAME (TYP | E OR PRINT) | - | - | 22e ADDRESS | | | | | - | 20735 |
| L | Victor S. C | hupkovi | ch. MD | | 9131 Pisca | ataway | Rd. | . C1 | into | n. | |
| 73 | BURIAL, CREMATION, REMOVA | | | VAME OF C | EMETERY OR CREMATORY | | | , 01 | 2 | > | |
| 130 | (SPECIFY) | | | | | CI. | TY OR TOWN | 01 | COUNTY | | STATE |
| 24 | Burial FUNERAL DIRECTOR | 2-22- | 85 I.S. | c. Cl | narles Cem. | ATE REC'D. BY | Mont | | anles | | Md. |
| | NAME | | ADDRESS | | - | _ | | ZJO KEGIS | Davida | M- | fandelle |
| | Huntt Funera | Home, | Waldorf | . Ma | ryland [| EB 25 | 1985 | | Annual Mills | | |

BP.

TO HOSPITAL OF ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remaye carbon poperate with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or remayal.

injury, or ather froumotic event, th

intt (uneral home, tidary, terland 1000 000)

DHMH - 16 50M 4/82

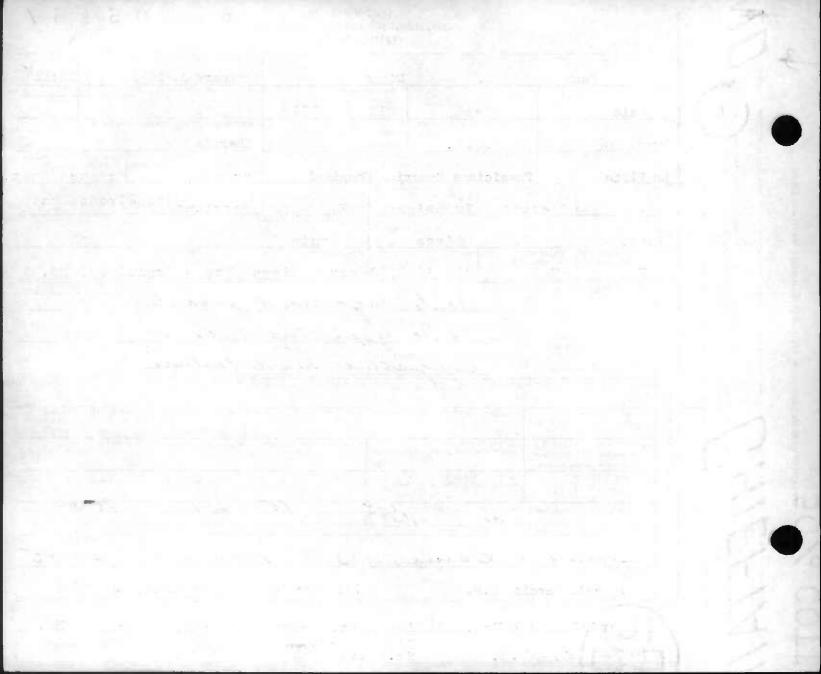
(VRA 15, 4)

| | | | | | | | ICATE OF DEATH | REG | NO. | | |
|-------------------------------------|--------------------------------------|--|--|---|--|--|---|---|---|--|--------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | 1 | LAST | 2a. DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| | live | | aul | E. | | Digg | S | February | 1, 198 | 85 | 12:1: |
| \ | 3. SE | | | RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAS | | IF UNDER I YEAR | |
|) | | Male | | B1. | ack | 1 2 | | 66 | YRS | MONTHS DAYS | HOURS |
| 21 | 7a. BI | IRTHPLACE (STATE O | R FOREIGN 76. | CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CIT | | | |
| 30 | | ryland | | | S.A. | WIDOWE | ED DIVORCED | Charles | | | |
| 11 |]0. C | ITY OR TOWN OF DE | EATH 11 | . NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUP | | 126. KIND (INDUSTRY | OF BUSINES |
| 20 | | a Plata | | Physic: | ians Memor | rial : | Hospital | Foreman | 1 | | ice S |
| 21 | 130. 5 | AL RESIDENCE (IF NO | 13b. COUNTY | HER INSTITUTION | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRES | S Rto | 6Trone | ridoc |
| 30 | Name and Address of the Owner, where | d. | Char | les | Ironsid | les | YESX NO | 13e STREET ADDRES | nd Kt Z | 0643 | sides |
| 10/ | 14 FA | ATHER'S NAME FIRST | MID | DDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME MIDDL | E | LA | ST |
| 182 C | 100 | ames | | Ε. | Diggs | | Annie | | | Nea | 11 |
| 1/ | | VAS DECEASED EVE | R IN U.S. ARME | | 16b. SOCIAL SECUI | | 17. INFORMANT | | DRESS | | |
| 1/ | | Yes | WW 2 | | 212 14 | 2581 | Mary E Digg | s Rte 6 | Iro | nsides. | Md. |
| r ather tra | | Canditions, if an gave rise to in couse (a), stat underlying cous | mmediate ting the | DUE TO, O | RASA CONSEQUE | Re. | ne hear | distre | ur | | |
| jury, or ather tro | N | gave rise to in cause (a), stat underlying caus | nmediate ting the se last. | 107_ | Conge | sti | nyo Cardia | INAL DISEASE OR CO | ONDITION C | GIVEN IN PART 1 | o. |
| ony injury, or ather tra | ATION | gave rise to in cause (a), stat underlying caus | mmediate fing the se last. | NDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INALBISEASE OR CO | 20b. IF Y | GIVEN IN PART 1: | NGS USED |
| ows ony injury, or other tro | TIFICATION | gave rise to in couse (a), statunderlying couse | mmediate fing the se last. | NDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INALØISEASE OR CO | 20b. IF Y | GIVEN IN PART 1 | NGS USED |
| 18 shaws any injury, ar ather tra | CERTIFICATION | gave rise to in couse (a), staff underlying coust PART 2. OTHER SIG | mmediate fing the se last. GNIFICANT COI ATION | NDITIONS COND | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IF Y | GIVEN IN PART 10 YES, WERE FINDIN TIFYING CAUSES YES | NGS USED |
| m 18 sho | | gave rise to in cause (a), staff underlying cause PART 2. OTHER SIG | mmediate ling the se last. GNIFICANT COI ATION NDERLYING CAUSE OF DEATH | 196 COND 216 TIME CHOUR A. | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IF Y | GIVEN IN PART 10 YES, WERE FINDIN TIFYING CAUSES YES | NGS USED |
| 8 | | gave rise to in couse (0), statunderlying couse (1), statunderlying couse (1), statunderlying couse (1), statunderlying couse (1), accident was upon contributing (1), statunderly well (1), statunder | mmediate fing the se last. GNIFICANT COI ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED | 196 COND 216 TIME C HOUR A. P. 21e PLACE | ONTRIBUTING TO D | OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 20b. IF Y | GIVEN IN PART 10 YES, WERE FINDIN TIFYING CAUSES YES | NGS USED |
| m 18 sho | MEDICAL CERTIFICATION | gave rise to in couse (0), statunderlying couse (1), statunderlying couse (1), statunderlying couse (1), statunderlying couse (1), accident was upon contributing (1), statunderly well (1), statunder | mmediate ting the se lost. GNIFICANT COI ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE | 196 COND 216 TIME C HOUR A. P. 21e PLACE | ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY | OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI | 200 AUTOPSY? YES NO | 20b. IF Y IN CER | VES, WERE FINDING CAUSES YES B PART FOR PART 2) | NGS USED OF DEATH' |
| m 18 sho | | gave rise to in cause (a), staff underlying cause PART 2. OTHER SIGNATE OF OPER. 21g. ACCIDENT WAS UITOR CONTRIBUTING 18 EITHER, NOTHY MEI AT WORK AT WORK 22g. I certify that (22g. I certify that (| INTEGRATED MATION MOERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE JORK I) (this hospital | 196 COND 216 TIME C HOUR A. 21e. PLACE (AT HOME, STI | ONTRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA THE deceosed from | DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21f. LOCATION STREET | 200 AUTOPSY? YES NO RED (ENTER NATURE OF I | 20b. IF Y IN CER | COUNTY | NGS USED 6 OF DEATH' NO STA' |
| m 18 sho | | gave rise to in cause (a), staff underlying cause PART 2. OTHER SIGNATE OF OPER. 21g. ACCIDENT WAS UIT OR CONTRIBUTING THE STHER, NOTHEY ME! 21d. INJURY OCCUL WHILE NOT WAIT WORK NOTHER NOTHER NOTHER SAW the deceadaws. (1) (we) | INTEGRATED MATION MOERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE JORK I) (this hospital | 196 COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST)) ottended th | ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21f. LOCATION STREET , 19 | 200 AUTOPSY? YES NO RED (ENTER NATURE OF I | 20b. IF Y IN CER | YES, WERE FINDING CAUSES YES B PART FOR PART 2) COUNTY Jour and from the | NGS USED OF DEATH' NO STA' |
| m 18 sho | | gave rise to in couse (a), statunderlying couse (b), statunderlying couse (c), statunderlying (c), statunderly | mmediate fing the se lost. GNIFICANT COI ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE OORK J (this haspital assed alive an | 196 COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST)) ottended th | ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21f. LOCATION STREET , 19 and that in (my) (aur) apinion DEGREE | 200 AUTOPSY? YES NO CED (ENTER NATURE OF I | 20b. IF Y IN CER NURY IN ITEM 1 | COUNTY | NGS USED OF DEATH' NO STA' |
| If Item 21 is marked ar Item 18 sha | | gave rise to in couse (a), statunderlying couse (b), statunderlying couse (c), statunderlying couse (c), statunderlying couse (c), statunderlying couse (c), statunderlying (c), statunder | mmediate fing the se lost. GNIFICANT COL ATION NDERLYING [] CAUSE OF DEATH DICAL EXAMINER) RRED WHILE [] ORK I) (this haspital used alive an (did) (did not) v | 196 COND 216. TIME COND 216. PLACE (AT HOME, STI | ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCURI 21f. LOCATION STREET 19 Attending Physician ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO ERED (ENTER NATURE OF I | 20b. IF Y IN CER 3 NJURY IN ITEM 1 | YES, WERE FINDING CAUSES YES B PART FOR PART 2) COUNTY Jour and from the | NGS USED OF DEATH' NO STA' |
| Item 21 is marked ar Item 18 sha | | gove rise to in couse (a), staff underlying coust underlying coust part 2. OTHER SIGN 190 DATE OF OPER. 210. ACCIDENT WAS UIT OR CONTRIBUTING 116 EITHER, NOTIFY MEI 190 ALW 220. I certify that (a) saw the decea obave, (I) (we) 22b. SIGNATURE | mmediate fing the se lost. GNIFICANT COL ATION NDERLYING [] CAUSE OF DEATH DICAL EXAMINER) RRED WHILE [] ORK I) (this haspital used alive an (did) (did not) v | 196 COND 216 TIME C HOUR A. 21e PLACE (AT HOME, STI | ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA THE decensed from The decense from the d | OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCURI 21f. LOCATION STREET , 19 and that in (my) (aur) apinion DEGREE ATTENDING | 20s AUTOPSY? YES NO RED (ENTER NATURE OF I | 20b. IF Y IN CER 20b. IF Y IN CER 3 NJURY IN ITEM 1 4 date and h | YES, WERE FINDING CAUSES YES B PART FOR PART 2) COUNTY Jour and from the | STA' that (I) (we causes state |

Bus F. H.

ADDRESS 719 Kennedy St. N.W. D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the

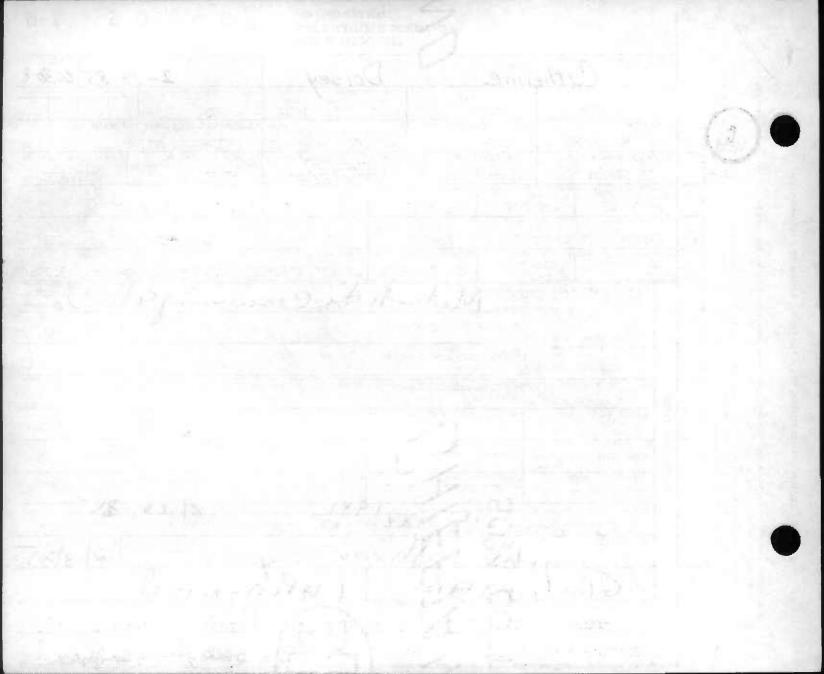
retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG | NO. | | |
|--|-----------------------|---|--|--|--|------------------------------------|---|--|--|---|--|
| | | ECEASED NAME | athe | rine | WIDDLE | D | Porsev | 20. DATE OF DEATH | 2- | 13-85 | 6:30 |
| | 3. SE | x FEMALE | | 4. RACE BLAC | | 5. DATE C | | 6. AGE (IN YEARS LAST | BIRTHDAY) YRS | MONTHS DAYS | HOURS A |
| 35 | 7a. B | IRTHPLACE (STATE OR COUNTRY) MARYLAI | | 76. CITIZEN OF USA | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY | OR COUNT | | |
| 00 | 10. C | NEWBORG/ DE LA PLATA | ATH | 11. NAME OF (IF NOT IN SUI Route | HOSPITAL, NURSIN CHEACILITY, GIVE STREET 1 Box 3H | ADDRESS) R | oute 257 arg, Maryland | 120 USUAL OCCUP. (TYPE OF WORK FOR MO HOUSEW | ATION ST OF WORKING L | 12b. KIND (IFE) INDUSTRY | OF BUSINESS |
| 26 | 130. | AL RESIDENCE (IF NUR STATE MARYLAND | 13b COUN | OTHER INSTITUTION VIY ARLES | 136. CITY OR TOW NEWBURG | /N | 13d. INSIDE CITY LIMITS? YES NO 🛣 | 13e STREET ADDRES RT. 1 BO | X 3H / | 20664 | |
| 180 | | TAMES | AF | MIGGLE RTHUR | EDELEI | N | JANE | CAT | HERINE | IA] | MOORE |
| / medical | 160 | WAS DECEASED EVER (YES NO OR UNKNOWN) | | E WAR OR DATES | 214-26- | | 17. INFORMANT JOSEPH DORSE | | ox 3H 1 | Newburg | ,Md.20 |
| other | | gove rise to im couse (a), stati underlying couse | ng the | DUE TO, C | DR AS A CONSEQUE | ENCE OF | | | | | |
| any injury, ar other i | CATION | couse (a), stati underlying couse | ng the e last. NIFICANT (| (c) | ONTRIBUTING TO [| <u>DEATH</u> BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | 20b. IF YE | S, WERE FINDI | NGS USED |
| m 18 shaws any injury, ar other i | AL CERTIFICATION | couse (01, state underlying couse PART 2 OTHER SIG | ng the e last. NIFICANT (ITION IDERLYING CAUSE OF DEA | (c) CONDITIONS C 19b. COND 21b. TIME C HOUR A | ONTRIBUTING TO D DITION FOR WHICH DF INJURY .M. MONTH DA | DEATH BUT OPERATIO | | 200 AUTOPSY? YES NO | 20b. IF YE | ES, WERE FINDI IFYING CAUSES ES [] | NGS USED |
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 1957 | - | WIDOIN | L. | A\$1 | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | HOUR - |
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| IN OR PRINT! | Willi | am | J | E1: | liott | February ! | 5, 1985 | | 11:12 |
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| Maryland | | USA | | WIDOWE | | Charles | | | MI |
| GITY OF TOWN OF | | | | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | L KIND OF I | BUSINESS OF |
| La Plata | / | Physic | ians Me | morial 1 | Hospital | Carpenter | | DOGTAT | -1129 |
| UAL WESTDENCE IF | TRUCOUNT | | GIVE RESIDENCE | | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE | | |
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| FATHER'S NAME | 1 92 | ppu | YABE | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAST | |
| James | Fran | | Elliot | | Hattie | ٧. | Hors | | |
| WAS DECEASED EV | | | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRE: | SS | | |
| no | no | - NK 704 DW-101 | 213-16 | 5-0707 | Leroy Ellio | tt Star Rt | 1 Box 10 | 9 Bro | omes I |
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this cartificate has been righted by the attending about the destruction for use as the busing-shootile permit. Then places remove control with the State Dept. of Health and Mantal Hygiene prior to bound; controlling on en-

IMPORTANT, If tem 21 is marked or the

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| | | FOR | | | DEPARTME | | MARYLAND TH AND MENT | AL HYGIEN | 8 5 | 0 5 | 5 1 6 | 5 0 |
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| | | STATE REGISTRAR | | ME | DICAL EX | AMINER'S | CERTIFICAT | E OF DEA | TH RE | G. NO. | | |
| 7. S. S. T. | | CEASED NAME E OR PRINT) | VIOL | a N | MIDDLE | F | Ord | | 20. DATE KNOW OF ESTI DEATH MATE | WN A MONTH | 18 19 ES | 26. 4QUE |
| NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN Z HOURS PRESTON STREET. | 3. SE) | - | 4. RACE | 5. DATE OF BIRTH | YEAR | AGE (IN YEARS IF LAST BIRTHDAY) MO | UNDER 1 YR. IF UN | NDER 24 HRS. | 2c. DATE PRONOUNCED DEAD | MONTH Z | DAY YEA | AR 2d HOUI |
| A A A A A A A A A A A A A A A A A A A | 7o. B | RTHPLACE (ST | ATE OR | 76. CITIZEN OF W | | 2 1 | RRIED X NEVER A | 14 DD 15 D | 9. BALTIMORE C | ITY OR COUN | | - 10 |
| NEGES S FOR WITH | | REIGH COUNTRY) | 1 | United S | States | | | VORCED | CHAI | RLES | | JM |
| THE FILED, SPILED, SPI | | TY OF TOWN | | | SPITAL, NURSII | | THER INSTITUTION | | UAL OCCUPATION | N (TYPE OF WORK | 126 KIND OF I | BUSINESS |
| 임이 마음 전 | I | A PLATA | A | PHYSICL | | | | | ousewife | c) | Priva | |
| ANY DE | 130 S | L RESIDENCE TATE aryland | 13b. COL | NE OR OTHER INSTITUTION, G JNTY Narles | 13c. CITY OR | | 13d. INSIDE CITY LIM | | LEET ADDRESS | 6 / 206 | 40 | |
| - 2 m | - | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S A | | | 7 200 | LAST | |
| EATH SES 1, PM PM | 1 | Wesley | | MIDDLE | | nson | Elvir | ra | MIDDLE | | Stock | S |
| F PAGE FORM SES 1 A | | VAS DECEASEL | | ARMED FORCES? | 16b. SOCIAL | SECURITY NO. | 17 INFORMANT | ī | | DRESS | | |
| JRS AFTER 3. GIVE PA WITH FOR T. PAGES DIVISION | | No | | | 217- | 24-7181 | Eugene | Johnson | n Indian | rtha Ci Head, I | Marylan | d |
| JB. C. WIT. P. MIT. P. C. DIN | | 18 CAUSEO | F DEATH (Enter ATH WAS CAU | anly ane cause per lin | e far (a), (b), ar | | 0 | | | | APPROXIM. BETWEEN ON | ATE INTERVAL |
| PERA SIENI | | | | IATE CAUSE (a) | | HSCV | D | | | | 100 | 5/3 |
| THIN 24 H JER ALON ANSIT PER AL HYGIEI REMOVAL | | Condition | s, if any, whi | | R AS A CONSE | QUENCE OF | | | | | 100 | |
| WITH FENCIL MINER TRAN | | gave ris | e to immedia | ite (b) | AS A CONICE | Olienies Os | | | | | | |
| | | lying cau | | BUE TO, OF | R AS A CONSE | JUENCE OF | | | | | | |
| XECUTI VG" IN VAL EX BURIA AND A | | PART 2 DINER SH | NIFICANT CONDITIO | NS CONTRIBUTING TO DEATH | BUT NOT BELATED | EN THE TERMINAL DIS | EACE OR CONDITION CIVE | N IN BADT 1 | | | | |
| | Z | | | | NOT NOT NEEDITO | TO THE TERMINAL OIL | CASE OR CONDITION DIFE | N IN PART I W. | | | | |
| | CERTIFICATION | 19a. DATE OF | OPERATION | 19b. COND | ITION FOR WH | ICH OPERATION | WAS PERFORMED | ? | | | 20. AUTOPS | 5Y? |
| J B H S P S | I E | | | | | | | | | | YES 🗆 | SON [|
| RTIFICATE S NG THE WO TO THE O SHOULD BE PARTMENT | CER | | L CAUSE WAS | 21b. TIME C | FINJURY | | HOW INJURY OCC | URRED LENTER | NATURE OF INJURY IN I | TEM 18 PART 1 OR P | ART 2) | |
| ARTA OUR TANK | 14 | UNDERLYING CONTRIBUTION | OR G CAUSE C | | | 19 | | | | | | |
| 日中田ののの | MEDICAL | 21d. INJURY C | | | OF INJURY (| AT HOME, 211 | LOCATION | | CITY OR TOWN | | YINUC | STATE |
| THIS C WARD WARD PAGE STATE D 21201 | 2 | AT WORK | NOT WHILE AT WORK | | , | | | | | | | |
| | | 22a. I certif | y that I took cho | arge of the remains de | scribed abave, | held an Au | tapsy , Insp | pection X. | Inquiry 🔼 | and in my a | pinian | |
| MINE RE FOR THE | | death resulte | ed fram: No | tural causes 📿 | Accident | , Suicide | , Homicide | Undet | termined manner | | | |
| CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR FRAL DIRECTOR: SATH, WITH THE SATH, WARTLAND, WITH THE SATH, WITH T | | ACTUAL | 4M | Mala. | 4hl | 1 | TITLE (SPECIA | | | DATE | 10 [1 | 85 |
| SHO SHO SHO SHO SHO SHO | | SIGNATURE. | 1,9. | MAN | 17-07 | | M.D. (Mar) | AL CO WED | OICAL EXAMINER | SIGN | ED 18 leb | 05 |
| TO MEDICAL EXAMINATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE PAGE A SHOULD BE TO FUNERAL DIRECTOR DEATH, WITH ARTER DEATH, WITH ARRY BACTIMORE, MARY | - | EXAMINER'S (TYPE OR PRIN | 11) | h Maha | tot. | + | ADDRESS P | | x lozo | Ce fla | ta Mi | 12064 |
| E B Z Z Z B | 23a.B | urial, crema urial | ION, REMOVA | | | | OR CREMATORY | 23d. LC | OCATION OR TOWN | | JNTY | STATE |
| BP | | UL TAT | TOR | 2-21-85 | l Oal | Grove | Baptist | DATE REC'D. RV | Frayton | Char REGISTRAR'S | cles | Md. |
| DHMH - 17 (VR A15 ME (5)) | _ | NAME | Funera | 1 Home | Pomonk | ey, Md. | FE | B2 2 | 1900, gh | a Davidson | -Gandett | 2 1 |
| 20M 4/B2 | | | | _ 13010 | | 2, 230 | | | | and allowed the | | - 4 |

| | TMENT OF HE | | ND ENTAL HYGIEI CATE OF DE | ATL | O REG. NO. | 5 | 1 | 6 | |
|----------------------|-------------|-------------|----------------------------------|-----------------------------------|---------------|--------------|-----------|--------------|-----|
| A1 | .ba | Greei | n, Jr. | 20. DATE KNO OF ES DEATH MA | STI- | монтн 2-2 | DAY 25 19 | 0.5 | 2b |
| TE OF BIRTH DAY YEAR | | MONTHS DAYS | HOURS MIN | 24. DATE PRONOUNCES DEAD | | 2-2 | DAY | YEAR 0 85 | 203 |

| | 4. RACE | | & AGE INY | | | | IF UNDE | R 24 |
|---------|-----------|--------------------------|-----------|------|--------|------|---------|------|
| 10 | Cauc. | 7-31-1930 | 54 | PAY) | 1.00 | DAYS | HOURS | A |
| THPLACE | (STATE OR | 76. CITIZEN OF WHAT COUN | | 11 | | X NE | VER MAR | RIED |
| shir | oton D. | r. IISA | | | IDOWED | | DIVOR | |

120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF PENALOR 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION

Sr.

Physician's Memorial Hospital La Plata

White Plains YES -

Green,

13d. INSIDE CITY LIMITS?

Marie

Rt. 2, Box 551-A, 20695 Henning

Heavy Equip.

BALTIMORE CITY OR COUNTY OF DEATH

Charles County,

Robert Alba

Charles

Robert

- STATE REGISTRAR

Ma

7a. BIR

Maryland

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

17. INFORMANT (Spouse)

579-36-8975 | Helen M. Green, Same as line #13

126 KIND OF BUSINESS

Construct.

| PART I DEATH WAS CAUSED B | ne couse per line far (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
|---|---|--|
| IMMEDIATE | AUSE (o) Arteriosclerotic Cardiovascular Disease | |
| | DUE TO, OR AS A CONSEQUENCE OF | |
| Canditions, if ony, which gove rise to immediate | (b) | |
| couse (a) stating the <u>under</u> - lying couse last. | DUE TO, OR AS A CONSEQUENCE OF | |
| PART 2 OTNER SIGNIFICANT CONDITIONS CON | TRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) | |

| 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. HC |
|--|------------|
| 21d. INJURY OCCURRED | 21e |

19g DATE OF OPERATION

WHILE NOT WHILE

TIME OF INJURY OUR A.M. MONTH DAY YEAR PLACE OF INJURY

21f. LOCATION

CITY OF TOWN

| | | | |
|-------|---|--|------|
| COUNT | Υ | | STAT |
| | | | |

20 AUTOPSY? YES X

220 I certify that Laak charge of the remains described above held an death resulted from Natural conses

Autopsy XX Inspection

Undetermined monner

21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

2-26-85

and in my apinion

EXAMINER'S NAME (TYPE OR PRINT)

Dennis F. Smyth, M.D.

111 Penn St., Balto., Md.

230. BURIAL, CREMATION, REMOVAL 236 DATE 2-28-1985 Burial

23c. NAME OF CEMETERY OR CREMATORY Trinity Mem. Gdns.

Waldorf, Charles, 25b REGISTE AND A COM

24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Maryland

· DHMH - 17 (VR AT5 ME (5))

MEDICAL

revised 40 article 12 article 2 arti Start William Creeks for Cords (Contant Aller) Numble Tunioned House, Landons . Parking

| 1 | | FOR STATE REGIST |
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| (TY | PE (| OR PRINT) |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 5 | 0 | 5 | - | 0 | La |
|--------|---|---|---|---|----|
| DEC NO | | | | | |

| REGISTRAR | | | CERTIFIC | ATE OF DEATH | | REG. NO | | | |
|---|----------------------------|------------------------------|------------|-------------------------|----------|-------------------------|--------------|--------------------------------|--------------------|
| I. DECEASED NAME FIRST | WIDDL | E | LAS | | 20 | DATE OF DEATH | | DAY YEAR | 2h HOUR |
| 1 | afin Fl | ores | Cua | vara Jr. | I | February | 10. | 1985 | 3:05 AM |
| 3. SEX | 1 RACE | | 5. DATE OF | | _ | AGE TIN YEARS LAST BIRT | | # UNDER I YEAR | IF UNDER 24 HRS |
| Male | Caucasi | lan | Feb. | 1, 1932 | | 53 | YRS. | MONTHS DAYS | HOURS MIN. |
| To. BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHA | AT COUNTRY? | B. | NEVER MARRIED | 9. | BALTIMORE CITY OF | | Y OF DEATH | |
| Texas | U.S.A. | | WIDOWED | A | 5 | Charles | | | MD. |
| 18 CITY OR TOWN OF DEATH | 11. NAME OF HOSE | | | OTHER INSTITUTION | | USUAL OCCUPATION | | | F BUSINESS OR |
| Bryans Road | 33 Dak | cota St | reet | | | Engineer | | U.S. | Gov't. |
| USUAL RESIDENCE (# NURSING HOAT 136 STATE 136 C | | CITY OR TOWN | | 3d. INSIDE CITY LIMITS | 5? 13 | e. STREET ADDRESS | | | - 110 |
| | harles E | Bryans | 2100 | YES NO 🔀 | | 33 Dakota | St | reet | 20616 |
| 14. FATHER'S NAME | MIDDLE | LAST | | MOTHER'S MAIDEN | INAME | MIDDLE | | LAS | T |
| | | Guevar | | r. Ange | | | | Flo | ores |
| 160 WAS DECEASED EVER IN U.S. | S. GIVE WAR OR DATES) | SOCIAL SECUR | ITY NO. 1 | | POUS | | | | |
| Yes K | orean 4 | 64-58- | 4661 | Carolyn | H. | Guevara | Sai | | Line 13 |
| 18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA | r anly ane cause per line | for Jal, 1bl, and | cil Ca | 111110 | 11. | 22111 | | BETWEEN | MATE INTERVAL |
| | DIATE CAUSE (a) | KENAL | TH | 12URE - | 01 | ZEMIA | | 1-2 | weeks |
| Control of the Control | DUE TO, OR AS | A CONSEQUEN | | | | 20 - 4 | | 1 | +/- |
| Conditions, if any, which | | META | 57A | TIC CA. | NCE | ER TO KIL | DIVEYS | Tew | moners |
| gave rise to immediate cause (a), stating the | DUE TO, OR AS | A CONSEQUEN | ICE OF | | | | | 1 | |
| underlying cause lost | 1 (c) 4 | YMPI | 1051 | ARCOMA | M | | | 124 | ene |
| PART 2. OTHER SIGNIFICA | NT CONDITIONS CONT | RIBUTING TO DE | ATH BUT N | OT RELATED TO THE T | TERMINA | AL DISEASE OR CONE | DITION GI | VEN IN PART 11 | o' |
| 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | | | | | | | | | |
| Y DATE OF OPERATION | 196 CONDITION | N FOR WHICH C | PERATION | WAS PERFORMED | | 20e AUTOPSY? | | S, WERE FINDIN FYING CAUSES | |
| | | | - | | | YES NOTE | 1 | ES 🗌 | NO 🗆 |
| | | | YEAR | Nr. HOW INJURY OCC | CURRED | (ENTER NATURE OF INJUR | Y IN ITEM T8 | PART I OR PART 2) | |
| OR CONTRIBUTING CAUSE O | | | 19 | | | | | | |
| WHILE NOT WHILE | 21e PLACE OF IN | NJURY ACTORY, OFFICE, FAR | | III. LOCATION STREET | | CITY OR TOV | WN | COUNTY | STATE |
| AT WORK AT WORK | | | | - 11 | - | 1 | | | |
| 220.1 certify that (1) (this h | ospitol) quite ded the de | ceased from | MAR | 19/ | 8 | , to NANUM | 129 | | that (IT (we) last |
| above, (1) (we) (did) (di | d not) view the body after | r death. | | that in (my) (our) opin | nian deo | oth occurred on the da | te and hai | | |
| 27b. SIGNATURE | 0 1 1 | 1 | DE | GREE ATTENDING | IC / | MEDICAL STAF | E | 22c DATE | SIGNED |
| Churelso | Co. all le | 14 | MI | PHYSICIAN | ND | PHYSIC | IAN | 2/1 | 0/8/3 |
| 224 PHYSICIAN'S NAME (1 | (PE OR PRINT) | | | ??e ADDRESS | | | | | |
| Aurelio C | de lapaz | M.D. | | La Plata | a. N | Maryland | | | |
| 230 BURIAL, CREMATION, REMO | VAL 23b. DATE | 23c NA | ME OF CEA | METERY OR CREMATO | | 23d. LOCATION | | COUNTY | STATE |
| Burial | 2-14-85 | New | Col | lins Cem | | Alice Ji | m We | | |
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TO FUNERAL DIRECTOR.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

BP_____ DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill res should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should b with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

funeral director, page 3

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| _ | ATHER'S NAME | Ir .G. | | POTITIVA | <u> </u> | 15. MOTHER'S MAIDEN | | JUL SUPEI | N NUAD A | 20740 |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending this cent and eshold be detached for use as the buriol-transit permit. Then please remove corban again. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event. 6

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| DEPARTMENT OF | HEALTH AND | MENTAL | HYGIENI |
| CERTI | FICATE OF | DEATH | |

| 1 | REGISTRAR | | | CERTIFIC | ATE OF DEATH | REG. | NO. | | |
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| L | Male | White | | Octob | er 10,191 | | YRS | 5. | |
| | BIRTHPLACE (STATE OR FOREIG | | VHAT COUNTRY? | MARRIED E | NEVER MARRIED | 9 BALTIMORE CITY | | ITY OF DEATH | |
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| 110 | CITY OR TOWN OF DEATH | | OSPITAL, NURSIN | | OTHER INSTITUTION | 120 USUAL OCCUPA | | | OF BUSINESS OR |
| 4 | -La Plata | | ans Memo | | ospital | Farm Sup | plie | r Self | Employ |
| 11 | SUAL RESIDENCE (IF NURSING H 30. STATE 136 Maryland C | OME OR OTHER INSTITUTION COUNTY | GIVE RESIDENCE BEFORE 130 CITY OR TOWN Indian | Head Y | LINSIDE CITY LIMITS? | 13e STREET ADDRESS 204 Bla | s/zipcc | 20640 ld. apt. | T-2 |
| 1 | FATHER'S NAME | | LAST | 15 | MOTHER'S MAIDEN N | | | IAS | |
| 1 | Edward | Hooes | FW21 | | Elizab | eth | Gil | lman " | 51 |
| Ť | 60 WAS DECEASED EVER IN U | | 166. SOCIAL SECU | | . INFORMANT | | PRESS | | |
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| 1 | <u>E</u> | 24 | | | | YES NOT | IN CER | RTIFYING CAUSES YES | NO T |
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| | OR COMPRESSION CALLED | OF DEATH | M. MONTH DA | Y YEAR | | | | | |
| Г | (IF EITHER, NOTIFY MEDICAL E) 21d INJURY OCCURRED | (AMINER) P./ | | 19 | II LOCATION | | | | |
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| | | ord not) iew the body | after death. | | | occurred on the | dole ond i | | |
| | 22b. SIGNATURE | | 1011 | DEC | GREE ATTENDING | MAEDICAL ST | TAFF | 22c. DATE | SIGNED |
| | Jus | midu | 700 | ~~~ | | MEDICAL S' | SICIAN | 2 | 5/82 |
| | 22d. PHS TAN'S NAME | (TIPEOR PRINT) | En ! | 2 | 20 ADDRESS PC | ATA. | nd | · 206 | 46. |
| 2 | 30. BURIAL, CREMATION, REM | OVAL 23b. DATE | 23 ₁ N | AME OF CEM | ETERY OR CREMATORY | 23d. LOCATION | | 40.00 | |
| | Burial | 2/5/8 | 35 T | rinity | Mem. Gar | rdens Wald | dorf | . Maryl | and |
| - 2 | FUNERAL DIRECTOR | | - | | 250 D | ATE REC'D, BY REGISTR | | | |
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CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | STATE REGISTRAR | | | | CERTII | FICATE OF DEATH | REG. N | 0. | | |
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| 1 | Pe | nna. | | US | | WIDOW | ED I DIVORCED | Charles | | | |
| 1/1 | | TY OR TOWN OF DEA | ATH | | HOSPITAL, NU TH FACILITY, GIVE S | | OR OTHER INSTITUTION | 120. USUAL OCCUPAT | | 12b. KIND C INDUSTRY | OF BUSINE |
| U | | dian Head | | | Box 41' | U | | Housewife | | at he | ome |
| 10 | 13a S | at residence (# Nors TATE ryland | 13h COUN | ITY | 13c. CITY OR | | 13d INSIDE CITY LIMITS? YES X NO | Rt. 1 Box | | 20640 | |
| 7/ | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | 1.45 | ., |
| U | | Constan | | | Mama | | Evanth | la | | gnost | opoul |
| 1 | | VAS DECEASED EVER | | MED FORCES? | | SECURITY NO. | 17 INFORMANT | ADDR | | | |
| 7.1 | | no | | | 578-21 | 4-2419 | Margaret Co | chran same | as item | 100 | |
| ' I | | IN CAUSE OF DEATH W | H (Enter on | ly one cause per | line for (a), (b |), and (c).) | carcinom | 8 | | BETWEEN | MATE INTER |
| - 1 | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METAS tatic CARCINGMA | | | | | | | | | 70 | |
| | | | IMMEDIAT | E CAUSE (a) | Melas | (0 () (| | | | 1 7 | ear |
| | | | IMMEDIAT | E CAUSE (a) | nelas | | | | | 9 4 | rear |
| | | Conditions, if ony, | IMMEDIAT | E CAUSE (a) | nelas | | | | | 94 | 'ear |
| | | Canditions, if any | IMMEDIAT , which nediate ng the | DUE TO, O | nelas | EQUENCE OF | | | | 94 | rear |
| | | Conditions, if any gave rise to im- cause (a), statir underlying cause | , which mediate ing the | DUE TO, O (b) DUE TO, O (c) (c) | R AS A CONSE | EOUENCE OF | ioma Left b | reast | IDITION GIVEN | 9 9 | 'ear |
| | NO | Conditions, if any gave rise to im- cause (a), statir underlying cause | , which mediate ing the | DUE TO, O (b) DUE TO, O (c) (c) | R AS A CONSE | EOUENCE OF | | reast | IDITION GIVEN | 9 9 | 'ear |
| | CATION | Conditions, if any gave rise to im- cause (a), statir underlying cause | , which nediate ng the last. | DUE TO, O (b) 6 DUE TO, O (c) 6 CONDITIONS CO | R AS A CONSE | EQUENCE OF | ioma Left b | reast | 20h IF YES, V | WERE FINDI | YEA T |
| 1 | TIFICATION | Conditions, if ony, gave rise to immediate (a), stating underlying cause | , which nediate ng the last. | DUE TO, O (b) 6 DUE TO, O (c) 6 CONDITIONS CO | R AS A CONSE | EQUENCE OF | TNOT RELATED TO THE TERM | reast | | WERE FINDIN | YEA T |
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| 29 | | Conditions, if ony, gove rise to imm couse (ols, statitum underlying couse) PART 2 OTHER SIGN 1% DATE OF OPERA 21s. ACCIDENT WAS UNIOR CONTRIBUTING [If EDIHER, NOTHY MED) 21st. INJURY OCCUR WHILE NOTHY MED) 22s.1 certify that (1) | , which mediate ag the last. NIFICANT CO TION DERIVING CAUSE OF DEA CALE XAMINER RED RED (this hospi | DUE TO, O (b) | R AS A CONSE R | EQUENCE OF EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) | TNOT RELATED TO THE TERM ON WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET | AINAL DISEASE OR CON 200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO | 20b IF YES, V IN CERTIFYIN YES SIRV IN ITEM 18 PART | WERE FINDING CAUSES T I OR PART ?) COUNTY | NGS USEC OF DEAT NO |
| 29 | | Conditions, if ony, gove rise to imm couse (a), staffy underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING [IF ETHER. NOTHY MEDI 21d. INJURY OCCUR WHILE NOTHY MEDI 21d. INJURY OCCUR 22a. I certify that (1) saw the decease above, (1) (we) (1) | , which mediate ig the last. NIFICANT CO TION DERLYING CAUSE OF DEA CALEXAMINER RED IRE (this hospi | DUE TO, O (b) | R AS A CONSE ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFI DE deceased from | EQUENCE OF EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) | T NOT RELATED TO THE TERM ON WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET and that in (my) (our) opinion | AINAL DISEASE OR CON 200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO | 20b IF YES, V IN CERTIFYIN YES SIRV IN ITEM 18 PART | WERE FINDING CAUSES T I OR PART?) COUNTY | NGS USEES OF DEAT NO [|
| 149 | | Conditions, if any, gave rise to imm cause (a), staff underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF ETHER, NOTHY MED) 21d. INJURY OCCUR WHIE NOTW AT WORK AF WO 22a. I certify that (1) saw the decays with the decays are to imm. | , which mediate ig the last. NIFICANT CO TION DERLYING CAUSE OF DEA CALEXAMINER RED IRE (this hospi | DUE TO, O (b) | R AS A CONSE R | EQUENCE OF EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) | TNOT RELATED TO THE TERM ON WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET | AINAL DISEASE OR CON 200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO | 20b IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN TEM 18 PART | WERE FINDING CAUSES T I OR PART ?) COUNTY | NGS USEES OF DEAT NO [|
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retained by the haspital or attending physician

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| 4 moy be |
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| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be |
| |

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | |
|---------------|---|---|--------------------|-------------------------|-----------------------------------|-------------------------|-------------------------------------|
| | ECEASED NAME FIRST | WIDDLE | ı | AST | 20. DATE OF DEATH MONT | H DAY YEAR | 26 HOUR a. |
| 1 | Jane | DRURY | McCarthy | | February 25. | 1985 | 6:25 M |
| 1 5 | EX | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE | |
| | FEMALE | WHITE | OCT | . 8,1911 | 73 | YRS MONTHS DATS | HOURS MIN. |
| 70. B | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | INTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH | |
| 1 | MARYLAND | U.S.A. | WIDOWE | | Charles | | MD. |
| 10 0 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | OF BUSINESS OR |
| | La Plata | Physicians | Memorial | Hospital | HOUSEWIFE | | N HOME |
| | JAL RESIDENCE (IF NURSING HOME O STATE 136 COU | | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP | CODE St. N | Mary's A |
| | | RLES LA | PLATA | YES NO | P.O.Box 34 | 4 20 | 0646 |
| III.F | ATHER'S NAME | | AST | 15. MOTHER'S MAIDEN NA | WE | | AST |
| 1_ | JAMES | DRU | | RHODA | | MORAI | N |
| | WAS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | AL SECURITY NO. | 17 INFORMANT | ADDRESS | | |
| | NO | 216- | 09-0020 | Chester Mc | Carthy Sa | me as #: | 13 |
| | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE | nly ane cause per line far (a), | (b), and jc. | 11 1 | = 1 | BETWEEN | NIMATE INTERVAL NONSET AND DEATH |
| | | TE CAUSE (a) | gestine | - Hent | Tailine | | |
| | | DUE TO, OR AS A CON | NSEQUENCE OF | 11 | 10 | | |
| | Conditions, if ony, which gave rise to immediate | (b) | | ryane bee | ut Bunch | | |
| | cause (a), stating the | DUE TO, OR MILA COM | HE DUENCE OF | 00 | | | |
| | underlying cause last | (c) La | dionige | dy | | | |
| z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITIO | N GIVEN IN PART 1 | 10 |
| CERTIFICATION | 190 DATE OF OPERATION | 19b CONDITION FOR | - emi | | 8,1985 | IF YES, WERE FIND! | B100 1105 |
| N SE | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | IN | CERTIFYING CAUSES | S OF DEATH? |
| RI | 210. ACCIDENT WAS UNDERLYING | 1 216 TIME OF INJURY | | In how himse a cour | YES NO | YES | NO 🗌 |
| | OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | THE HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN IT | 2M 1B PART OR PART 2) | |
| ICA | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY LAT HOME STREET, FACTORY | OFFICE FARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | AT WORK | 1,00 | | 1 | A 7. | | |
| | 22a certify that (1) this hasp | | | | 10 1-45 | 19 05 | . that (we) last |
| | abave (1) (we) (did) (did no | i) view the body ofter death | | | death occurred an the date on | | |
| | 22b. SIGNATURE | 12 | 1 | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE | E SIGNED |
| | 6 | mot Du | ny Ms | PHYSICIAN (| DIRECTOR PHYSICIAN |] 0 | 12.02 |
| | 22d. PHYSICIAN'S NAME (TYPE | 5.01 | | 22e ADDRESS | | | |
| | Henry L. Bu | rke, M.D. | | La Plata, N | | | |
| 23a | BURIAL, CREMATION, REMOVAL | | 23¢ NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | COUNTY | STATE |
| | BURIAL | 2-28-85 | SACRE | | | CHARKES | MD. |
| | FUNERAL DIRECTOR | AF | DORESS | | E REC'D. BY REGISTRAR 256. R | EGISTRAR'S SIGNA | TURE |
| AF | REHART FUNERA | L HOME, INC | . LA PL | ATA, MD | 1 1000 11 0 | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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THE TABLE OF THE PARTY OF THE P

the sent I was

EMPTAGE - TITBLES (TAKED O DIATE FOR THE SALETIF - MATRIES - NIL

by the attending physicion and campletely filled in by the funeral ase remave carbonpopers. Pages 1 and 2 should be filed within 72

| | 1. | FOR - STATE REGISTRAR | DEPARTM | NENT OF HEA | F MARYLAND LTH AND MENTAL HYG ATE OF DEATH | IENE 8 3 | 0 5 | 6 / |
|-----|---------------|--|--|--------------|--|--|--|---|
| | | CEASED NAME WILLIAM E OR PRINT) WILLIAM | JOSEPH | MURP | EPAG | 20. DATE OF DEATH FLE | MONTH DAY Y | 15- 3 AM |
| | 3. SE | MALE | CAU. | DATE OF E | 9-1894 YEAR | 6 AGE (IN YEARS LAST BIR' | HDAY) IF UNDER | LYEAR IF UNDER 24 HRS. D'AYS HOURS MIN. |
| 5 | | IRTHPLACE (STATE OR FOREIGN 76. COUNTRY) LARCEAN ITY OR TOWN OPDEATH 11 | CITIZEN OF WHAT COUNTRY? | WIDOWED | | 9 BALTIMORE CITY O | S | MD. |
| 70 | 4 | A PCATA A | NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A CERTOLAN L | ADDRESS) | SU TUC | 12a USUAL OCCUPATION OF WORK FOR MOST OF WANAGER | | IND OF BUSINESS OR STRY ARM |
| 6 | 13a S | MD. CHARL | LES BENEDIO | T^{-13} | res 🗶 no 🗌 | BOX 59 | 20 | 6/2 |
| (0) | 14. F.A | JOSEPH M | MURPHY | 15 | MADGELEN | MIDDLE | QU | ADE |
| 1 | | VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W | D FORCES? 166 SOCIAL SECUI AR OR DATES) 218-28- | | Louis Mu | RPHY, BEN | DUA U | 9 Мр.20612 |
| | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C | IY: | C | ngestro | Sportfai | fure of | WEED CONTENTS OF THE CONTENTS |
| | | Conditions, if ony, which gove rise to immediate | DUE TO, OR AS A CONSEQUE | NCE OF P | nemonia | | 2 | weeko |
| | | couse (a), stating the underlying couse last | DUE TO, OR AS A CONSEQUE | | | | | |
| 1 | VION | PART 2 OTHER SIGNIFICANT CON | | | | | | |
| 3 | CERTIFICATION | 21a ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH (| | | 20a AUTOPSY? YES NO. | 20b. IF YES, WERE F IN CERTIFYING CA YES [| NO [|
| 1 | MEDICAL CE | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | Y YEAR 19 | 1c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PA | RT 2) |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | | II LOCATION STREET | CITY OR TOV | VN COUN | ITY STATE |
| | | | | | | | | |

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22h SIGNATURE

ATTENDING PHYSICIAN MEDICAL STAFF 22c. DATE SIGNE

HOWELL M.D.

WALDORF, M LES PROF. MARYLAND CENTER 20601

BURIAL 2-12-85

ST. PETER'S CEM.

VALDORF, CHARLES, MD.

24 FUNERAL DIRECTOR

FUNERAL HOME, WALDORF,

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit.

IMPORTANT: If Item 21 is morked or

A STATE OF THE STA The transfer of the same of th TREAL "-LI-"U ... PER ". ... P. ... D. ... D.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical exacting

IMPORTANT: If Item 21 is marked or Item 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| / | FOR STATE REGISTRAR | | DEPART | | EALTH AND | MENTAL HYG DEATH | IENE REG. NO |).). | | |
|---|--|---|--|-----------|---------------------|------------------------|------------------------------|-------------|---|-----------------|
| | DECEASED NAME | FIRST | WIDDLE | l. | AS1 | | 2a DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR a. |
| | (TIPE OR PRINT) | Ralph | Graves | Pe | erry, | Sr. | February | 28. | 1985 | 3:41 M |
| i | 3 SEX | 4 RACE | | 5 DATE C | | | 6. AGE (IN YEARS LAST BIR | HDAY) | IF UNDER : YEAR | IF UNDER 24 HRS |
| | Male | Cauca | asian | Nov | . 6°, | 1902 | 82 | YRS | MONTHS DAYS | HOURS MIN. |
| 2 | To. BIRTHPLACE (STATE OR | FOREIGN 76 CITIZEN C | F WHAT COUNTRY? | 8 | - TY NEVER | MARRIED - | 9 BALTIMORE CITY O | | | |
| F | Ohio | Ţ | JSA | WIDOWE | | IVORCED | Charles | | | MD. |
| 2 | 10. CITY OR TOWN OF DE | | F HOSPITAL, NURSIN | IG HOME C | OR OTHER IN | STITUTION | 120 USUAL OCCUPATION | ON OPKING | 126. KIND O | F BUSINESS OR |
| - | La Plata | Phys | icians Men | orial | Hospi | tal. | Manager | , working | Rest | aurant |
| - | USUAL RESIDENCE (IF NUR 130 STATE Maryland | sing home or other institute 1136 COUNTY Charles | ISC. CITY OR JOW Waldor | | 13d INSIDE | CITY LIMITS? | Box 319 | The | DDE 206 | 01 ane |
| | 14 FATHER'S NAME | | | | | 'S MAIDEN NA | | 1 | | |
| 9 | Clarence | Charles | Griffi | ith | Edit | h FIRST | Angela | 1 | Dea | |
| | 160 WAS DECEASED EVER | IN U.S. ARMED FORCES | ? 166 SOCIAL SECU | IRITY NO. | 17 INFORM | ANT (Spc | use) ADDRE | SS | | 7 |
| | No | | 578-36- | -5952 | Mary | M. Pe | erry, Same | as | line 1 | .3 |
| 2 | Conditions, if any gave rise to improve to include the constant of the constan | which mediate mediate mediate mediate mediate mediate mediate. (c). NIFICANT CONDITIONS 196 CON | OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH | ENCE OF | N WAS PERF | ORMED | 20a AUTOPSY? YES NO | 20b. IF | GIVEN IN PART 110 YES, WERE FINDIN TIFYING CAUSES YES | IGS USED |
| j | | | OF INJURY A.M. MONTH DA | AY YEAR | ZIC HOW | NJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM I | 8 PART I OR PART 2) | |
| | OR CONTRIBUTING UP 11 FETTHER NOTIFY MED 21d INJURY OCCUR | | P.M. | 19 | 211 100 47 | 1011 | | | | |
| | WHILE NOT WE AT WORK | HILE THOME | E OF INJURY STREET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCAT | | CITY OF TO | NN | COUNTY | STATE |
| | sow the decease above, (1) (we') 27b. SIGNATURE | ed olive on the bo | | | DEGREE 220 ADDRE | ATTENDING PHYSICIAN | medical Star Director Physic | F | 19 | |
| | 230. BURIAL, CREMATION. | | 23c. N | NAME OF C | | CREMATORY | 23d LOCATION | | | |
| | Burial | 3-4 | -1985 Tr | rinit | v Mer | n. Gdns | Waldorf | . C | harles. | Md. |
| | 24 FUNERAL DIRECTOR | - 111 | ДООМЕН | 11 | 111 | | REC'D. BY REGISTRAR | 25b. REG | | |

et lain and the state of the st

| O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be estimated by the hospital ac attending physician. |
|---|
| TO FUNERAL DIRECTOR, After this sentitions has been signed by the attending physician and completely filled in by the funeral director, page 3, should be detached for use as the bunds fromilly permit. Then please smoote corbanapapers. Pages, I and 2 should be filled within 72 hours after death, with the State Dept. of Health and Mental Hygiens prior to burist, cremotian, or removal. |

FOR

| | STA | TE | OF | M | ARYL | AND |
|------------|-----|----|----|----|------|-----|
| DEPARTMENT | 01 | HE | AL | TH | AND | MEN |

TAL HYGIENE

| DEC | REGISTRAR | | | | CERTIFI | CATE OF D | EATH | | REG. N | 10 | | | | |
|-----------------|--|--|---|-----------------------|---------------------|---|--|---|--|--|-----------------------|-----------------|-------------------------|---|
| | EASED NAME | FMOT | ALC: | DDIX | 1.4 | A.T | | 7e. DATE O | DEATH | MONTH | DAL | YEAR | 7h. HOU | R |
| | | Louis | 8 | C. | | Ridgel | .1 | | | 2 | 14 | 85 | 2:1 | .5 F |
| 1. SEX | 3 | | RACE | | 5. DATE OF | | 22.00 | A AGE IN | EARS LAST BE | ETHOAY) | IF UNDE | GAYS. | # LINERER HOURS | THE HARD |
| | Male | | Wh | ite | 8 | 21 | 1.5 | | 69 | YRS | and the same of | 12007.0 | nous. | min |
| 7a. BIR | THPLACE ISTATES | HOEGN 76 | | HAT COUNTRY? | 1 8 | | | F BALTIMO | - | | TY OF DE | ATH | | |
| - 00 | MARYLAN | m I | U.S.A | | WIDOWED | NEVER N | ORCED M | Ch | 0 = 1 0 | | | | | |
| 18 CIT | Y OR TOWN OF D | - | | DSPITAL, NURSI | | The second second | the state of the s | 17a. USUAL | arle | | 126 | KIND O | F BUSINE | 55 0 |
| and the same | | | | FACILITY, GIVE STREET | | (Entre same | W.000.7900m | CONTOR | | | 1000 | | FF7 | |
| La | Plata | the more negligible comments | Design to be made assessed to | ians Me | | 11 Hos | spital | CONST | RUCT | LON | I.M | ARIN | E. | _ |
| 13e, S1 | ATE | STA | ADVIC ! | RTTXTE | | 134 INSIDE CI | | 13e STREET | | | | 9 | | |
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| | WILLIAM | ſ | | RIDGELL | | L | JCY | | | | RID | GELL | 4 | |
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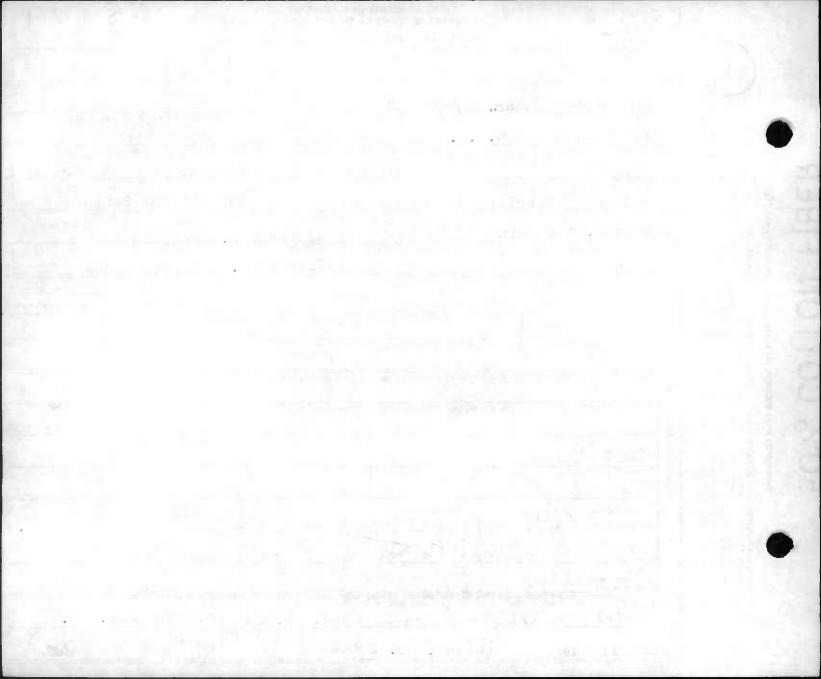
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STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 5 | U | 5 | 1 | 1 | |
|---|---|--------|---|---|---|--|
| EDICAL EXAMINER'S CERTIFICATE OF DEATH | | PEG NO | | | | |

| | FOR STATE REGISTRAR | | | DEPARTMENT OF | | H AND MENTAL H | F DEATH REG. NO. | 5 / | |
|---------------|--|--|---|---|----------------|-----------------------------------|---|---------------------|-------|
| | CEASED NAM | AE FIRST | | MIDDLE | | LAST | 26. DATE KNOWN X | MONTH DAY YEAR 26 H | HOUR |
| | | John | | Aaron | | Thompson | DEATH MATED | 2 9 19 85 | ٨ |
| 3. SEX | X | 4. RACE | 5. DATE OF BIRTH | YEAR LAST BIRTHD | ARS IF U | NDER 1 YR. IF UNDER | 24 HRS. 2c. DATE / | 1.0 | HOUF |
| | Male | Black | Mar. 2 | 7/63 21v | RS. | | DEAD | 2 9 19 85 La | :45 |
| FC | IRTHPLACE (| | 76. CITIZEN OF WI | | 8 MARE | | W | COUNTY OF DEATH | |
| | Mary 1 | | U.S. | A . SPITAL, NURSING HOME | WIDOV | | Charles Co | ounty | ME |
| The same | | | (IF NOT IN SUCH FA | CILITY, GIVE STREET ADDRESS) | | | 12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) | OR INDUSTRY | |
| 11511 | | lata | Physic | ians Memori | al H | ospital | Laborer | Farming | g_ |
| 13a. S | arvla | 136 COUN | | 13c. CITY OR TOWN Waldor | | 13d. INSIDE CITY LIMITS? YES NO 1 | 130 STREET ADDRESS BOX | 268 206 | a |
| | ATHER'S NAM | | MIDDLE | LAST | | TS. MOTHER'S MAIDE | N NAME MIDDLE | LAST | |
| 16a V | homas WAS DECEASI | ED EVER IN U.S. ARA | pson AED FORCES? | 16b. SOCIAL SECURIT | Y NO. | Elizabet | | | |
| (1) | res, no, or unkn | | WAR OR DATES) | | | Elizabeth | G. Thompson | SAA | |
| 7 | Condition gave in course (conjugate course (conjugate course (conjugate course (conjugate course)) | EATH WAS CAUSED IMMEDIAT Ons, if ony, which ise to immediate a) stating the under- use lost. | DBY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) | for (a), (b), and (c).) Multiple AS A CONSEQUENCE (| OF OF | | RT T · o | BETWEEN ONSET AND C | DEATH |
| CERTIFICATION | 190. DATE O | FOPERATION | 196 CONDI | TION FOR WHICH OPER | ATION V | VAS PERFORMED? | | 20 AUTOPSY? | 94 |
| I | | | | | | | | YES 🔀 NO | 0 🗆 |
| | 21a EXTERN | AL CAUSE WAS | 216. TIME OF HOUR A.M | INJURY MONTH DAY YEAR | 2Tc H | OW INJURY OCCURRE | D LENTER NATURE OF INJURY IN ITEM 18 PART | T1 OR PART 2) | |
| MEDICAL | CONTRIBUT | ING CAUSE OF | EATH 2:25x | x 2 9 1985 | Pa | ssenger in | auto that struck | train_ | |
| 7 | 21d. INJURY | OCCURRED | THE PLACE | OF INJURY (AT HOME, | | CATION STREET | CITY OF TOWN | COUNTY SI | STATE |
| | AT WORK | NOT WHILE AT WORK | roa | d | Aq | uasco Rd nr | . Gallant Green | Rd, CharlesCo, | , MD |
| | | ify that I took charg ted from Matur | orlower D | Accided N. D. | Autoc icide | Homicide | | DATE SIGNED 2/10/8 | |
| 23a.B | URIAL, CREMA | TION, REMOVAL 2 | | 23c. NAME OF CEA | METERY C | | 23d. LOCATION | | |
| {: | Buri | al | 2/15/85 | Sacre | ** | eart Ch.C | em LaPlata C | has. Md. | |
| 11 | NAME | | ADDRESS | sco, Md. | 206 | OR ZOO. DATE F | REC'D. BY REGISTRAR 256 REGISTR | RAR'S SIGNATURE | ₫. |
| IV | rarret | 1 Adams | Aque | sco. Ma. | 200 | OU FER | 25 1985 1000 | MESON- Handall | |



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 33 the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

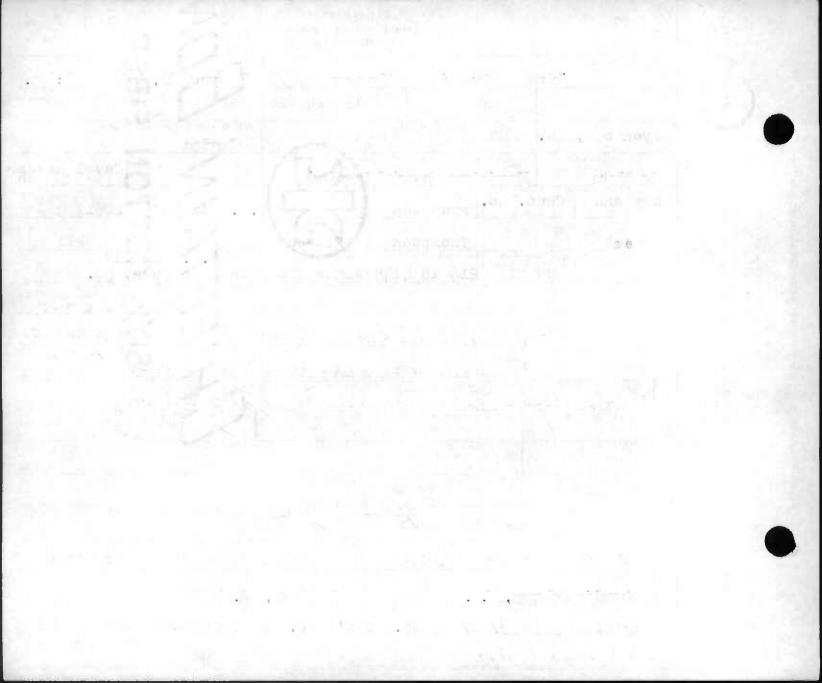
| DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 8 5 | 10 | 0 | 5 1 | 7 | 2 |
|-------|---|-------------------------|---------|--------|------------|----------|--------|
| | LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b HOU | R |
| ncis | Thompson | February | 25, | 1985 | 5 | 1:5 | Da. |
| | S. DATE OF BIRTH | 6 AGE JIN YEARS LAST BE | RTHDAY) | IF UNI | DER I YEAR | IF UNDER | 24 HRS |
| | | | | | | | |

| | CEASED NAME | | | | | REG. NO. | | | |
|-------------------|--|--|--|--|---|--|--|--|--|
| | CATENTY (SAME | FIRST | MIDDLE | | LAST | 20 DATE OF DEATH M | | YEAR | 2h HOUR |
| | 12007 | John | | ncis Th | ompson | February 2 | | | 1:50a.M |
| SEX | M | | 4. RACE BLK | S. DATE | OF BIRTH NTH 12 DAY 24 YEAR 26 | 6 AGE JIN YEARS LAST BIRTHI | DAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| | | | | | 12 5 24 5 20 | 70 | YRS | | |
| BI | RIHPLACE (STATE OR | FOREIGN Md. | 76 CITIZEN OF WHA | T COUNTRY? 8 MARR | IED NEVER MARRIED | 9. BALTIMORE CITY OR | COUNTYO | FDEATH | |
| | | | | WIDO | VED DIVORCED | Charles | | - 11- | MD. |
| | ITY OR TOWN OF DE | ATH | (IF NOT IN SUCH FAC | HITY, GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | MANA BA | F BUSINESS OR Resea |
| | La Plata | | | ns Memorial | | | | 210000 | ch |
| | residence (**No | 13CHOWE ON | BY. Co. 13c. | CITY OR TOWN | 113d INSIDE CITY LIMITS? | | | / | 2,830 |
| EA | THERE NAME | 1000 | Br | yantown | YES NO 15 MOTHER'S MAIDEN NAM | 0. Box 1 | 17 | 2061 | |
| | ATHER'S NAME | A | MIDDLE | LAST | FIRST | MIDDLE | | LAS | 1 |
| | rne st | | | hompson | Florence | TD #50056 | | | ell |
| [7 | VAS DECEASED EVER | (IF YES GIVE | E WAR OR DATES | SOCIAL SECURITY NO | | P. ODRES | | | |
| <u>Y</u> | es | MM | II ET | 6 16 414 | Agnes Thom | oson Bryan | town, | | |
| | 18 CAUSE OF DEAT PART I. DE ATH V | TH (Enter and | ly ane cause per line to BY. | farial, (b), and ic | ORY FAILUR | = | | BETWEEN | MATE INTERVAL DISET AND DEATH |
| | | IMMEDIAT | E CAUSE (a) | ESFICAT | 01-1 17/124/2 | <u></u> | | 20 | acy; |
| | | | DUE TO, OR AS | A CONSEQUENCE OF | IAN SYNROK | 1 F | | 1-3 | months |
| | Conditions, if any | | (b) | CRWILL | THE STRICE! | | | 1 | 1/1 - |
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| | DART 2 OTHER SIG | NUEIC ANIT C | 107 | | | | | - | |
| N | | | ONDITIONS CONTR | RIBUTING TO DEATH BE | IT NOT RELATED TO THE TERM | INAL DISEASE OR CONDI | TION GIVEN | - | |
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| MEDICAL 9 | 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHITE NOT WAT WORK AT WORK 220. I certify that (I saw the decea abave, (I) (we) I 27b. SIGNATURE 22d. PHYSICIAN'S N Aurelic BURIAL, CREMATION SPECIFY) | CAUSE OF DEA CA | ONDITIONS CONTROLLING 196 CONDITION 196 CONDITION 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, F.) 101) attended the decomposition of the decompositio | PROBLEM TO DEATH BY POR WHICH OPERATE INTERPRETATION OF THE FARM ETC.) 19 19 19 19 19 19 19 19 19 1 | JI NOT RELATED TO THE TERM SIZE MOMEGALY ON WAS PERFORMED 216 HOW INJURY OCCURE R 216 HOW INJURY OCCURE R 216 HOW INJURY OCCURE ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN 222 ADDRESS La Plata CEMETERY OR CREMATORY | TALDISE ASE OR CONDINATION OF THE PROPERTY OF | TION GIVEN PROSES TO LET YES, V N CERTIFYII YES N ITEM 18 PART | VERE FINDING CAUSES TOR PART 2) COUNTY 22. DATE 2. OUNTY | IGS USED OF DEATH? NO STATE that (If (we) lost couses stated SIGNED/ |
| 24 FL | 210. ACCIDENT WAS UN OR CONTRIBUTING CHE EITHER NOTIFY MED 21d. INJURY OCCUR WHITE NOTIFY MED 270. I certify that (I saw the decea above, (I) (we) 270. SIGNATURE 271d. PHYSICIAN'S N Aurelic SURIAL, CREMATION SPECIFY BUTIAL JUERAL DIRECTOR | CAUSE OF DEA ICAL EXAMINER) RED WHILE WHI | ONDITIONS CONTROLLING IPB CONDITION 19b CONDITION 19b CONDITION 11h HOUR A.M. P.M. 21e PLACE OF IN 11AT HOME STREET, F. 121b Other bady after A PRINT! DAZ M:D. 23b DATE 3/ 1/ | DIOM CLALY FOR WHICH OPERATE JURY MONTH DAY YEA ACTORY, OFFICE FARM ETC.) Geosed from 22 death. 19 33c. NAME OF 85 St. 1 | 216 HOW INJURY OCCURE 217 HOW INJURY OCCURE 218 ADDRESS La Plata CEMETERY OR CREMATORY 1275 DAT | PARTECUSE LI 200 AUTOPSY? YES NO CITY OR TOWN TO 2- Jeath occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA Md. 20646 PARTECUSE OF INJURY Md. 20646 PARTECUSE OF INJURY MG. 20646 PARTECUSE OF INJURY PARTECUSE OF INJURY MG. 20646 PARTECUSE OF INJURY PARTEC | TION GIVEN PRESS V TO LETTEY II YES NITEM 18 PART ON CREATION ON CR | VERE FINDING CAUSES TOR PART 2) COUNTY 22. DATE 22. DATE | IGS USED OF DEATH? NO STATE that (If (we) lost couses stated SIGNED/ STATE Md |
| WEDICAL MEDICAL | 210. ACCIDENT WAS UN OR CONTRIBUTING CHE EITHER NOTIFY MED 21d. INJURY OCCUR WHITE NOTIFY MED 270. I certify that (I saw the decea above, (I) (we) 270. SIGNATURE 271d. PHYSICIAN'S N Aurelic SURIAL, CREMATION SPECIFY BUTIAL JUERAL DIRECTOR | CAUSE OF DEA ICAL EXAMINER) RED WHILE WHI | ONDITIONS CONTROLLING IPB CONDITION 19b CONDITION 19b CONDITION 11h HOUR A.M. P.M. 21e PLACE OF IN 11AT HOME STREET, F. 121b Other bady after A PRINT! DAZ M:D. 23b DATE 3/ 1/ | PROBLEM TO DEATH BY POR WHICH OPERATE INTERPRETATION OF THE FARM ETC.) 19 19 19 19 19 19 19 19 19 1 | 216 HOW INJURY OCCURE 217 HOW INJURY OCCURE 218 ADDRESS La Plata CEMETERY OR CREMATORY 1275 DAT | TAL DISEASE OR CONDITION TO THE PHYSICIAL STAFF DIRECTOR PHYSICIAL STAF | TION GIVEN PRESS V TO LETTEY II YES NITEM 18 PART ON CREATION ON CR | VERE FINDING CAUSES TOR PART 2) COUNTY 22. DATE 22. DATE | IGS USED OF DEATH? NO STATE that (If (we) lost couses stated SIGNED/ STATE Md |

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or attending physician.

BP.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH

| 8 | 27- REG. NO. | 8 | 9 | 5 | Britiship | 7 | 3 |
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| | E OR PRINT) | ELIZA" | EDMO | NIA W | VASHIN | | 2-27 | - 8 | 5 | 9:11 |
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| 3. SE | | 34 | I. RACE | | 5. DATE C | DAY YEAR | 6. AGE IN YEARS LAST BIR | RTHDAY) | MONTHS DAYS | IF UNDER 24 |
| | FEMALE | | BLA | | JAN. | 10, 1888 | 97 | YRS. | | |
| | IRTHPLACE (STATE OR COUNTRY) MARYLANI | | | WHAT COUNTRY? ED STATES | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | P BALTIMORE CITY C | <u>OR</u> COUNT | TY OF DEATH | |
| | NEWBURG | 5 | SHILOH | CHURCH RO | ADD/Rt | DR OTHER INSTITUTION 1.1 BOX 68-B | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWII | OF WORKING L | | OF BUSINESS |
| 13a. S | AL RESIDENCE (IF NUR STATE ARYLAND | 13b. COUNT | OTHER INSTITUTION, TY RLES | GIVE RESIDENCE BEFORE 131. CITY OR TOWN NEWBURG | N | 13d. INSIDE CITY LIMITS? | 130. STREET ADDRESS RT.1 BOX | 58-B | / 20664 | |
| 14 FA | PHILIP | м | NODLE | FÖRD | | DELILA | MÉ | | MARS | |
| 16a V | WAS DECEASED EVER | IN U.S. ARM | MED FORCES? WAR OR DATES) | 166. SOCIAL SECU 217–18–2 | | 17. INFORMANT IRENE HARRIS | ADDR F, RT.1 BOX | | | |
| | 18. CAUSE OF DEAT PART I. DEATH V | TH (Enter only WAS CAUSED IMMEDIATE | BY: | line for to), (b), one | d (c1) | natur Tale | ~ | | BETWEEN | ONSET AND DE |
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| N. | gove rise to im couse (a), stati underlying couse | ing the e lost. | ((c) | R AS A CONSEQUE | | NOT RELATED TO THE TERM | IINAL DISEASE OR CON | UDITION G | IVEN IN PART 1 | 0' |
| TIFICATION | couse (a), stati underlying cous | ing the lost. | (c) ONDITIONS <u>C</u> | ONTRIBUTING TO D | DEATH BUT | 4.7 | 11NAL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YE | ES, WERE FIND II | NGS USED |
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real director, page 3

and 2 should be !

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital ar attending physician.

completely filled in

moy be

executed within 24 hour

